

Name
in
Full

Mrs Helen J. Bankard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Minotown		County Carroll		MARYLAND	
Date of death 1909	Month November	Day 23	Age 65	Months 2	Days 6
Sex Female	Color or Race White	Birth- place Minotown			
Occupation Housewife	Where Residing If not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband H. H. Bankard	Father's Name Bezaleiah Yingling Birthplace Carroll Co. Md.			
Mother's Maiden Name Caroline M. Stoebaugh	Mother's Name				
Name of person giving Information H. H. Bankard	How related to deceased Husband				

CAUSES OF DEATH

30

Primary

Cardiac insufficiency + Tuberular spine several years

How long

Immediate

General debility for several months

How long

Are the name, age, sex, color, date
and place correctly given above?

YES

Signature of
Physician

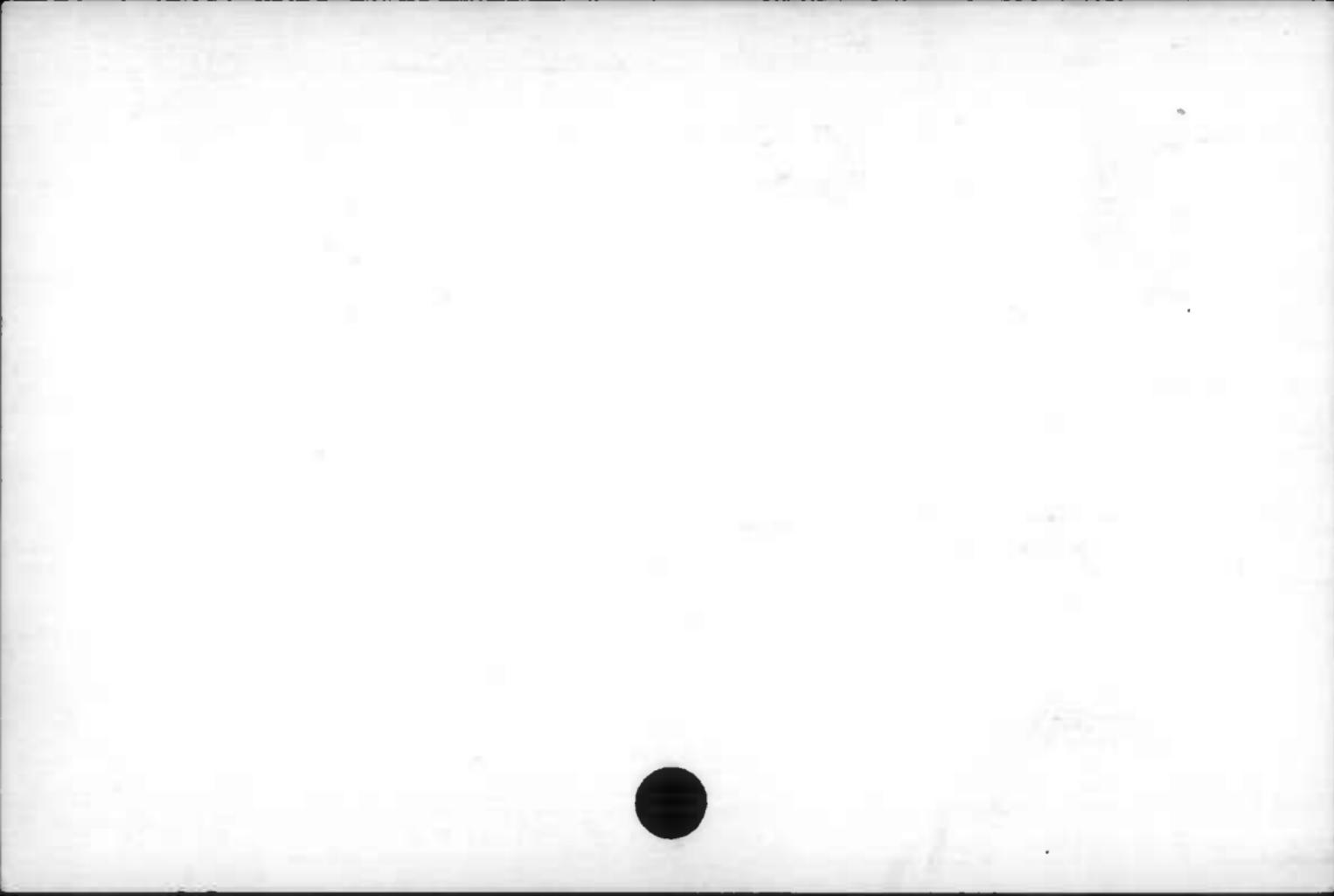
Address

J. H. Legg, M. D.

Union Bridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide No



Name
in
Full

Barbara A Baublette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at new Union Town Carroll County

MARYLAND

Date of death <u>1909 Nov</u>	Month <u>Nov</u>	Day <u>19</u>	Years <u>64</u>	Months	Days
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Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Md</u>
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Occupation <u>House wife</u>	Where Residing if not at place of death
------------------------------	--

Married, Single or Widowed <u>Married</u>	Name of Wife Husband <u>Jerimie Baublette</u>
--	--

Father's Name <u>George Iyer</u>	Father's Birthplace <u>Md</u>
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Mother's Maiden Name <u>Rachel Iyer</u>	Mother's Birthplace <u>Md</u>
--	----------------------------------

Name of person giving Information <u>Emma A Ecker.</u>	How related to deceased <u>Wife</u>
---	---

CAUSES OF DEATH

43

How long

How long

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of Drax</u>	<u>One year</u>
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Immediate <u>Exhaustion</u>	<u>One year</u>
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Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>
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Signature of
Physician

Address

Luther D Baublette
Monocounty Md.

Accident or Suicide?	
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Name
in
Full

Elizabeth Bien

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville Town Sykesville County Carroll

Date of death 1909 Month Nov. Day 20th Age 69 Years 69 Months Days

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death -

Married, Single or Widowed Widow Name of Wife or Husband Unknown (Bien)

Father's Name Unknown Surname (Messner) Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Frederick B. Bone How related to deceased Son-in-Law

CAUSES OF DEATH

Primary Senile Melancholia

Immediate Exhaustion from Acute Colitis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Norfolk Moma. M.D.

Springfield Hospital
Sykesville, Md

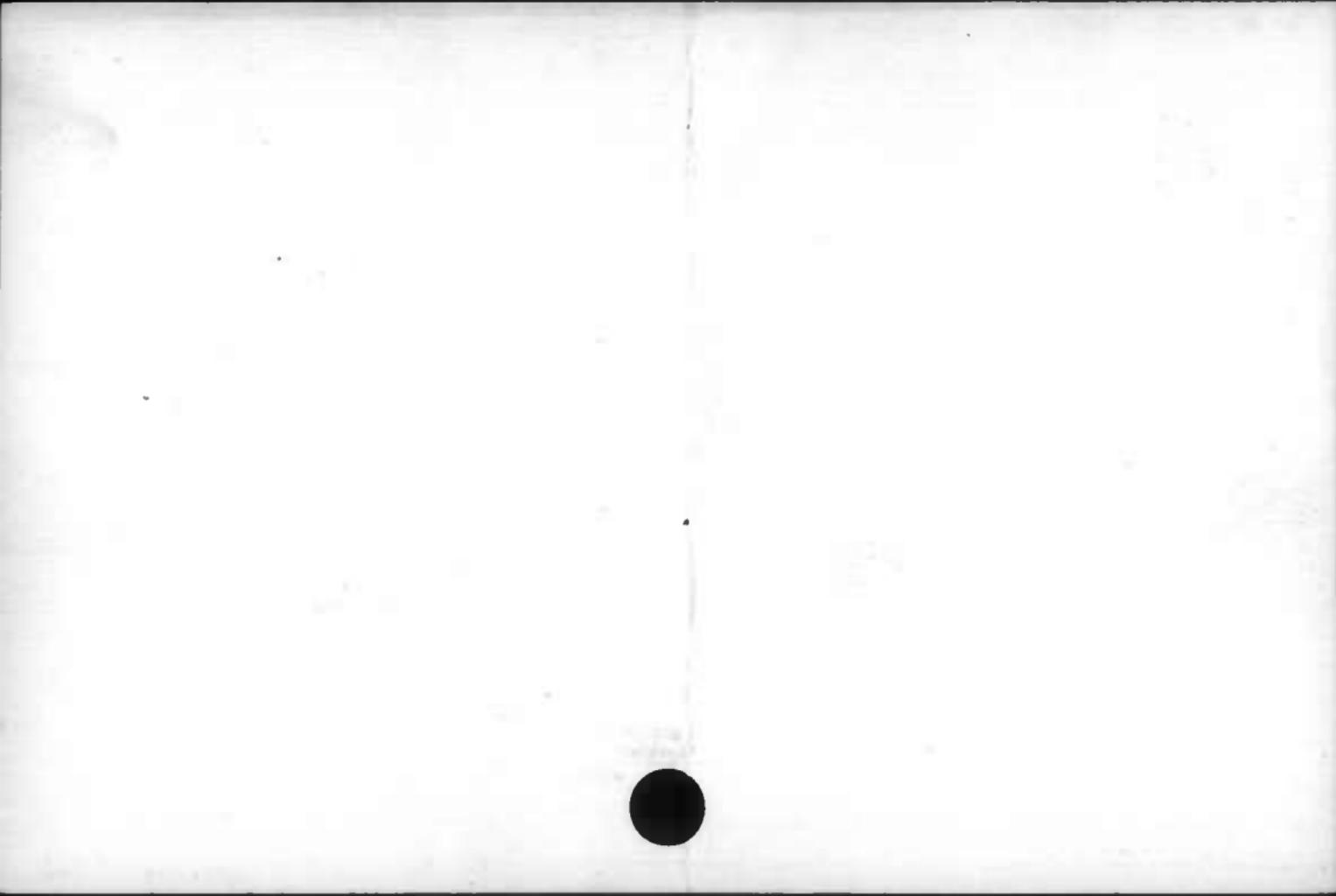
PHYSICIAN
OR CORONER

Accident or Suicide -

106

How long about
one year

How long 17 days



Name
in
Full

Emeline Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Sykesville	Carroll					
Date of death	1909	Month Nov.	Day 2	Years 76	Age	Months 3	Days 2
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death	same			
Married, Single or Widowed	Widow	Name of Husband	Orlando A. Burton	Father's Birthplace	Md.		
Father's Name	Jas. W. Curley		Mother's Birthplace	Md.			
Mother's Maiden Name	Mary Eliza Fogg		How related to deceased	Sister			
Name of person giving information	Mrs. Clara P. Ellison		79	How long	Unknown		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

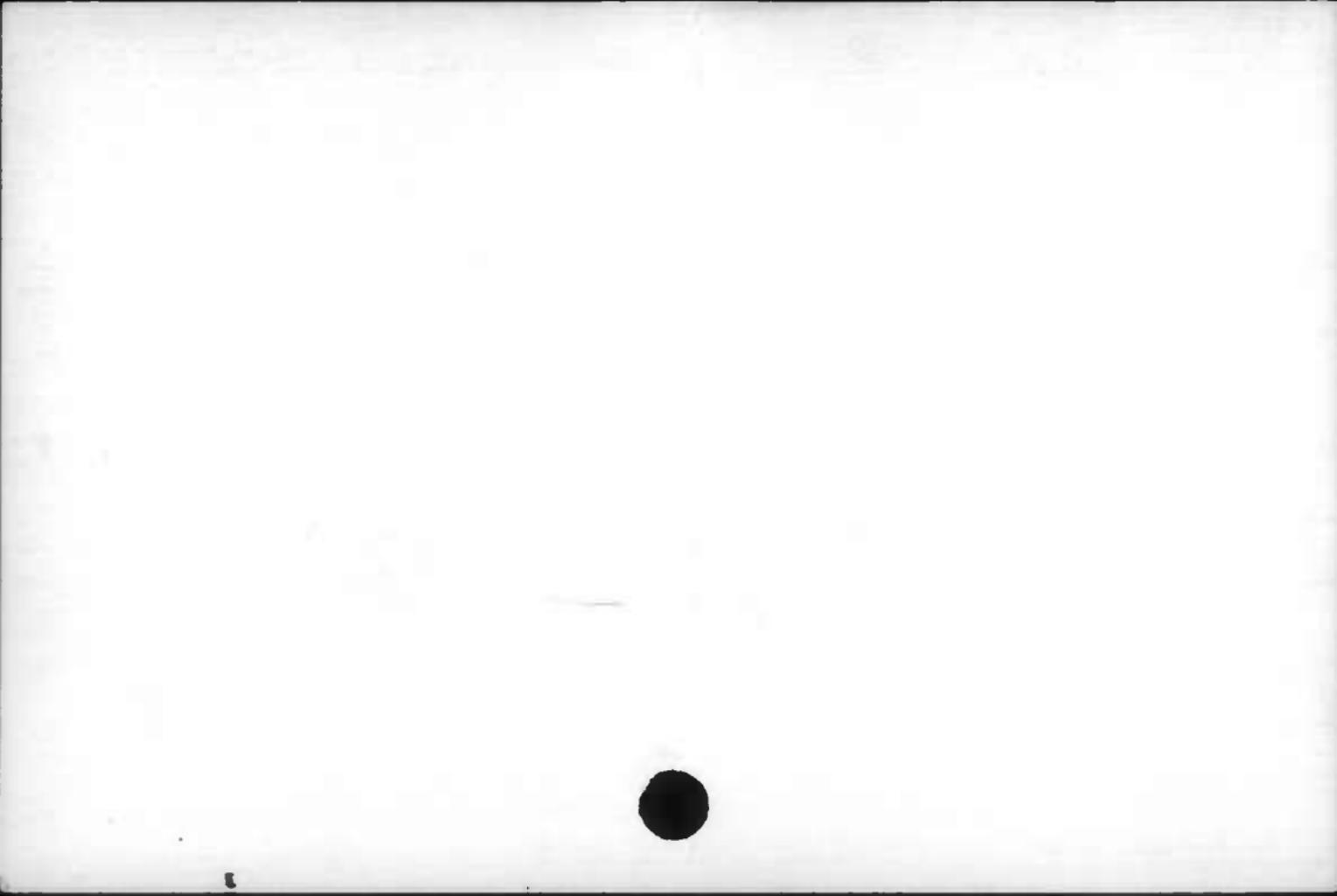
yes

Signature of Physician

Address

M. Morris
Eldersburg

Accident or Suicide



Name
in
Full

Maggie Edith Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Eldersburg		County Carroll		MARYLAND	
Date of death 1909	Month Nov	Day 20	Age 2	Month 8	Days 20
Sex Female	Color or Race Black	Where Residing if not et place of death same		Birth- place Carroll Co.	
Occupation none	Name of Wife or Husband —		Father's Name Grant Cook		Father's Birthplace Md
Married, Single or Widowed single	Mother's Maiden Name Emma Johnson		Mother's Birthplace Ind		How related to deceased Father
Name of person giving Information Grant Cook					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute nephritis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

MD Morris
Eldersburg

Accident or Suicide

no

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Elm

CERTIFICATE OF DEATH

MARYLAND

Died at Springfield State Hosp.

Carroll

Town Month

Day

Years

Date of death 1909 Nov.

9

Age 29

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Kentucky

Occupation

Child's Nurse

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Conrad Elm

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Borshet

Mother's
Birthplace

Germany

Name of person giving
Information

Emma Schroeder

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

4 weeks

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

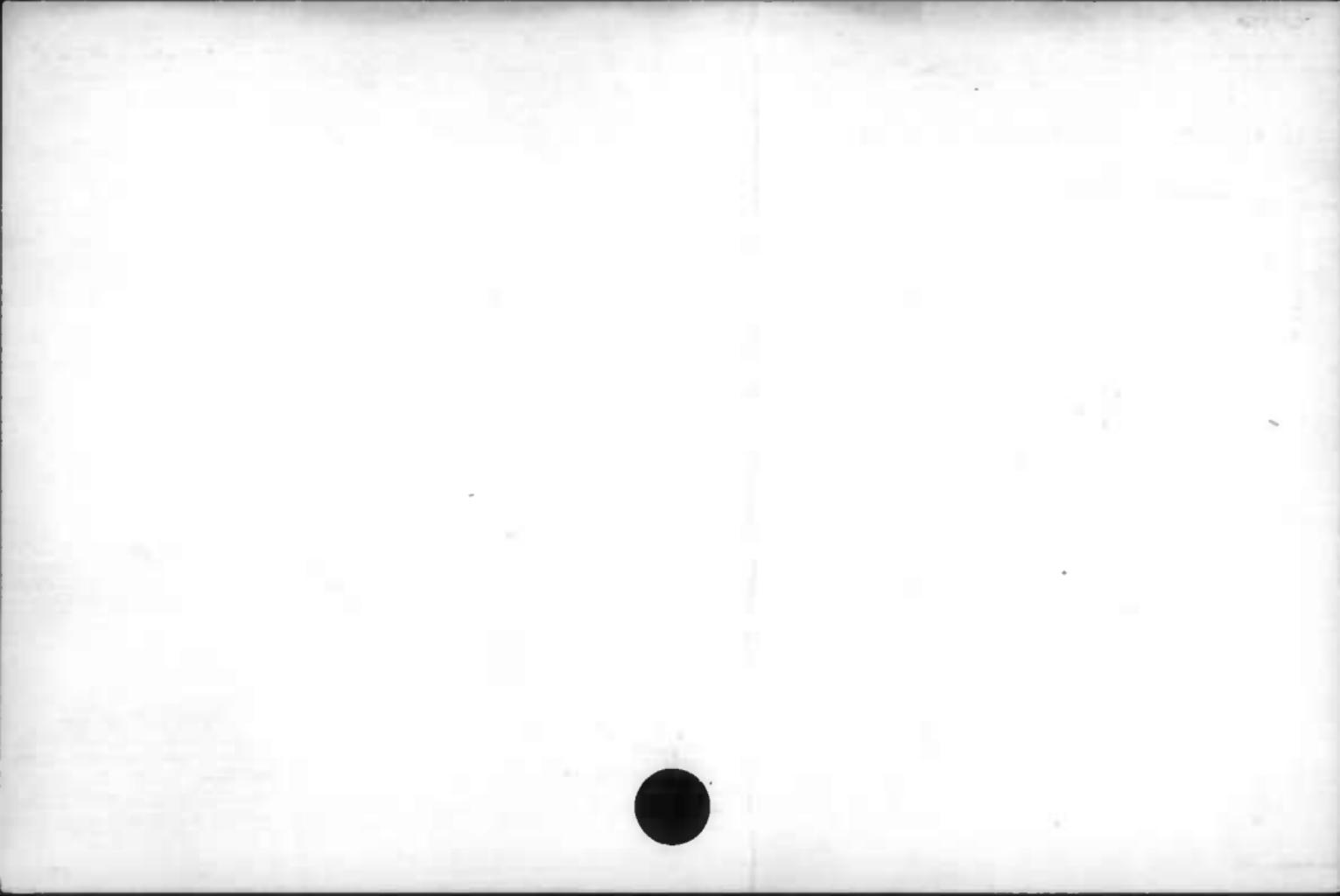
Signature of
Physician

Address

E. H. Swarley
Springfield State Hosp.
Syracuse, N.Y.

Accident or Suicide

W.



Name
in
Full

Frederick Franklin Filohr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Filoratown		County Carroll		MARYLAND	
Date of death 1909	Month Nov.	Day 13	Age	Months 3	Days 19
Sex Male	Color or Race white	Birth- place Filoratown Carroll Co.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name B. S. Filohr	Father's Birthplace Frederick Co. Md.				
Mother's Maiden Name Carrie A. Towle	Mother's Birthplace Carroll Co. Md.				
Name of person giving Information B. S. Filohr	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Convulsions & Brain Congestion

71

How long

5 Days

Immediate
Epileptiform

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

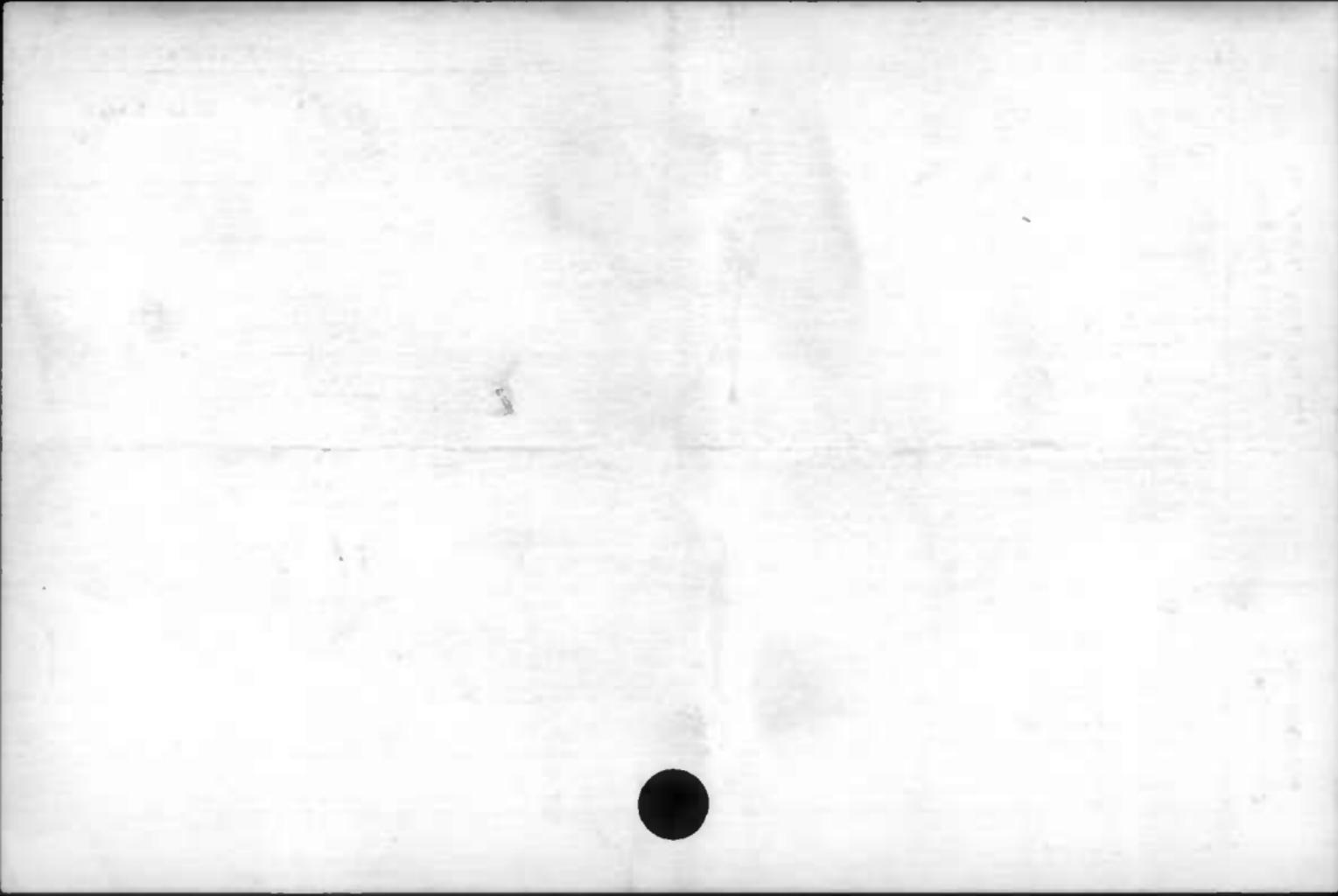
yes

Signature of
Physician

Address

D. B. Sprecher
Sylkerville
Md

Accident or Suicide



Name
in
Full

Fogler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1909	Month	Day	Years	Months
Sex	Female	Color or Race	White	Age	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo St. Fogler				
Mother's Maiden Name	Ada Still				
Name of person giving Information	Father's Birthplace				
	Fogels Co				
	Mother's Birthplace				
	Fogels Co				
	How related to deceased				
	8				
	How long				
	✓				

PHYSICIAN
OR CORONER

Primary

Still Born

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

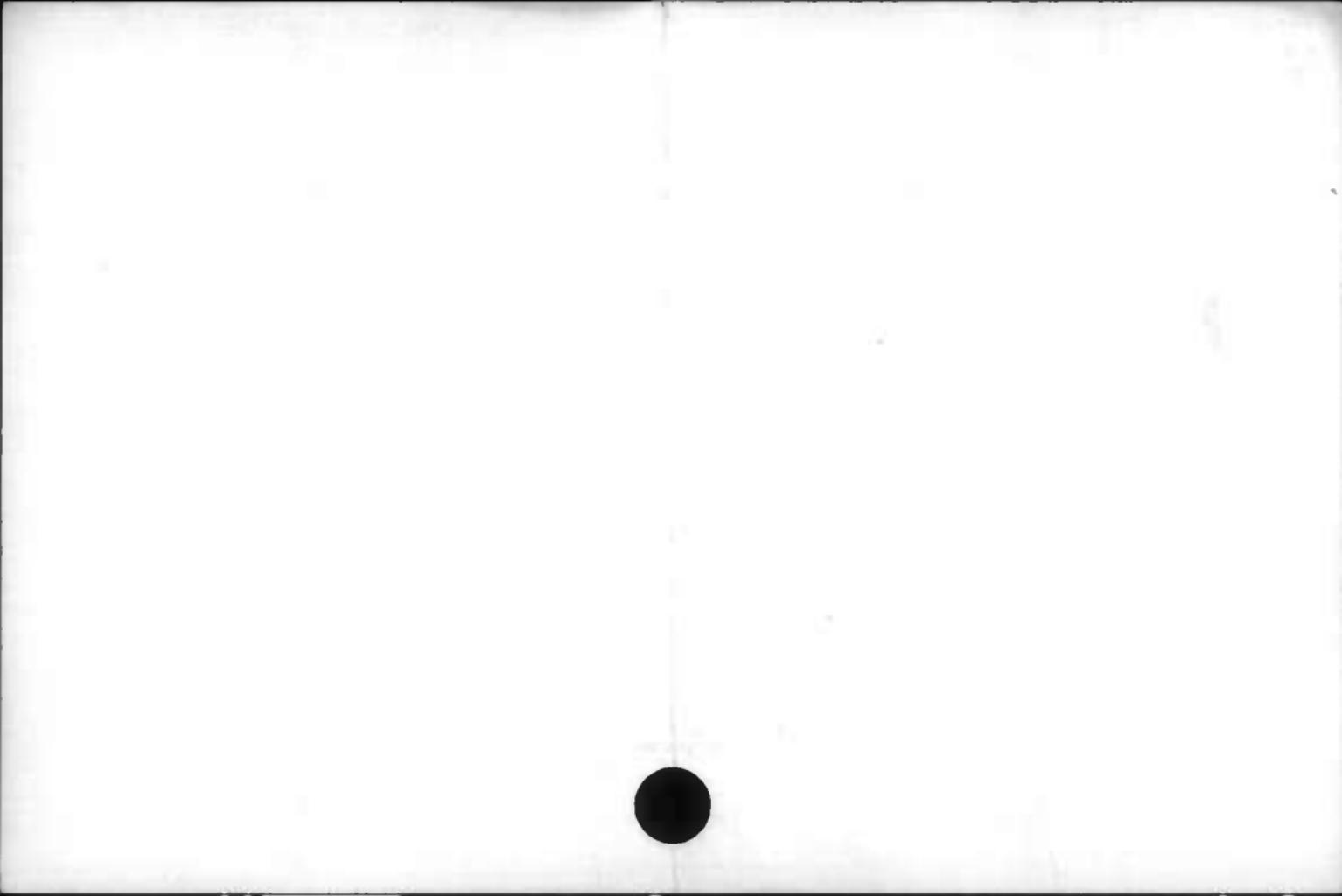
gra

W. H. Brown

Union Bridge

Carroll

Accident or Suicide



Name
in
Full

David Frankenthal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	John Frankenthal		
Mother's Maiden Name	—		
Name of person giving Information	Mrs Clark		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

How long

6 mos.

Immediate Asthenia

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

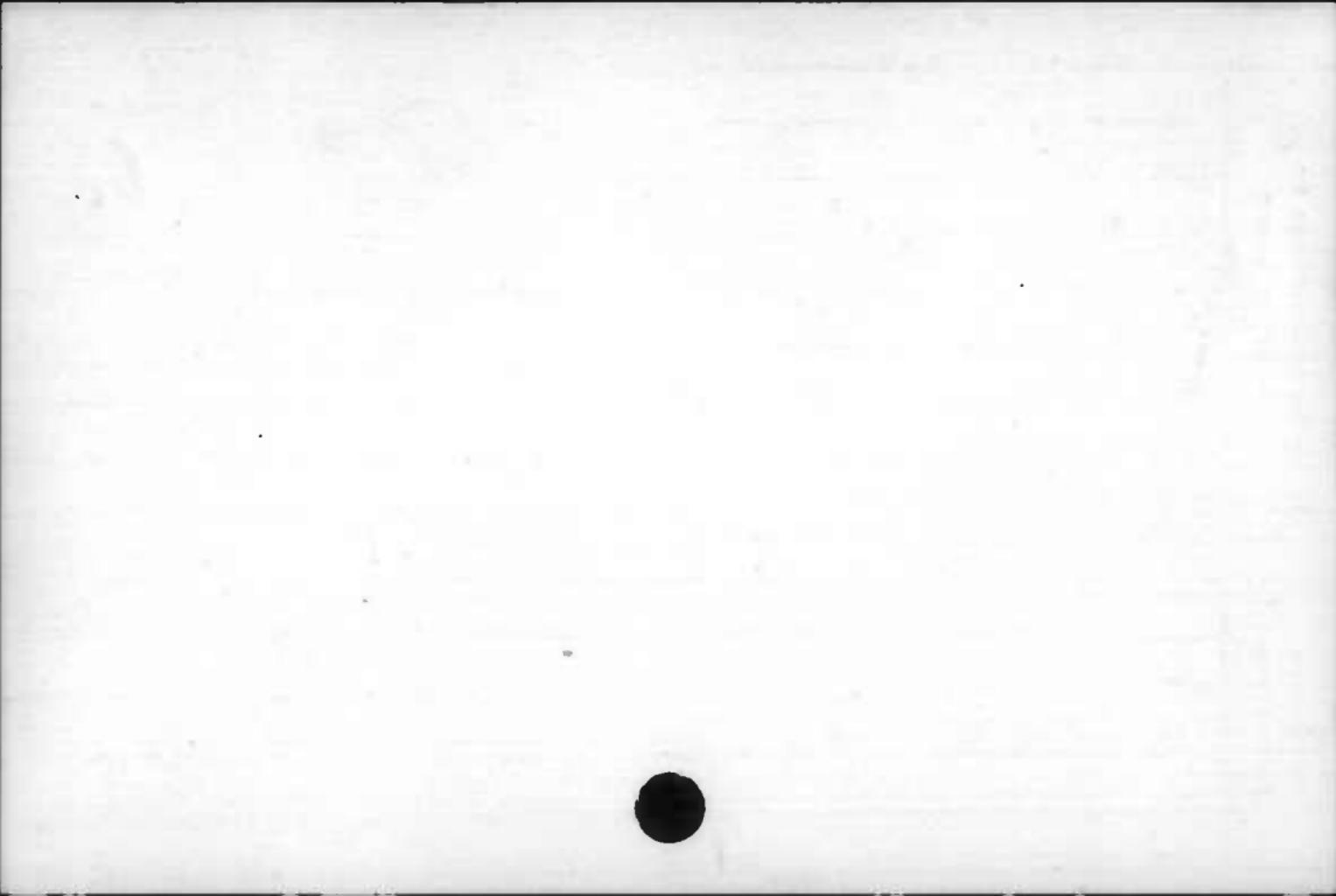
Yes

Signature of Physician

W. E. Gandy
Mt airy Md

Address

Accident or Suicide?



Name
in
Full

Carrie Belle Freguau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Frizzelburg		carroll			
Dead at					
Date of death	Month	Day	Years	Months	Days
1909	Nov	26	24	10	18
Sex	Female	Color or Race	white	Birth-place	Pennsylvania
Occupation	Seamstress				
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Pearle Freguau				
Mother's Maiden Name	Laura E Marshall				
Name of person giving information	Mrs Jno Sell				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Congenital Heart Disease

90

✓

How long

74 yrs.

Immediate

Acute Bronchitis

How long

200 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

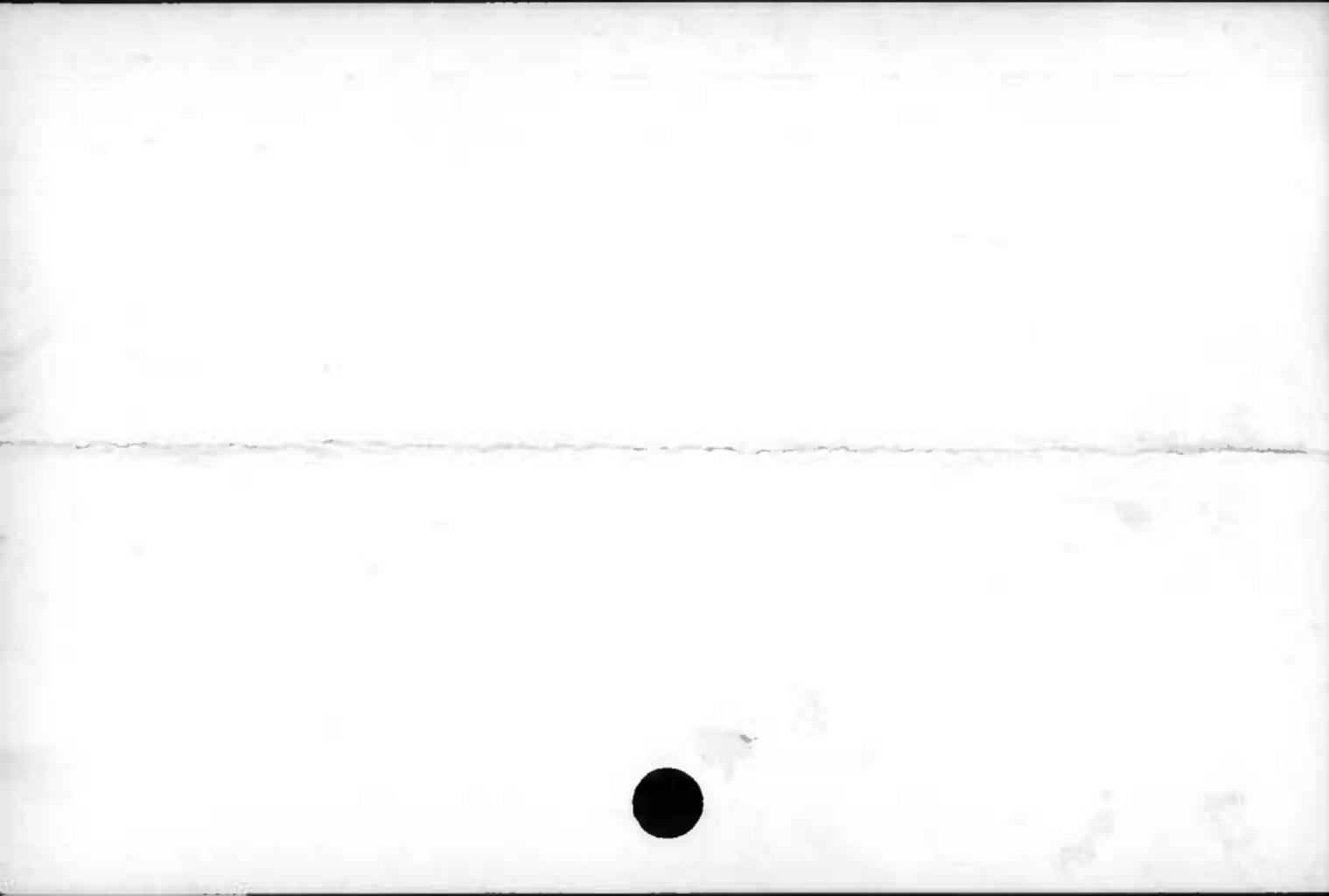
Address



Luke Stump

Muncie town Ind.

8
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

Nov. 13

13

56

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

64

How long

Primary

Diabetes

How long

Immediate

Alcohol

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Luther Lewis

Address

Hamilton Park

PHYSICIAN
OR CORONER

Accident or Suicide?

Beside in much of God
knowledge.

Name
in
Full

William H. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Near Laneytown		Carroll					
Date of death	Month	Day	Age	Years	Months	Days	
1909	Nov	28	78		1	19	
Sex	Male	Color or Race	White		Birth-place	Carroll 60 Mbd	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Margareth E. Garner				
Father's Name	John Garner				Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Kinner				Mother's Birthplace	Ind	
Name of person giving Information	S W Garner				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

79

How long

Unknown

Immediate

severe mental illness

Unknown

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

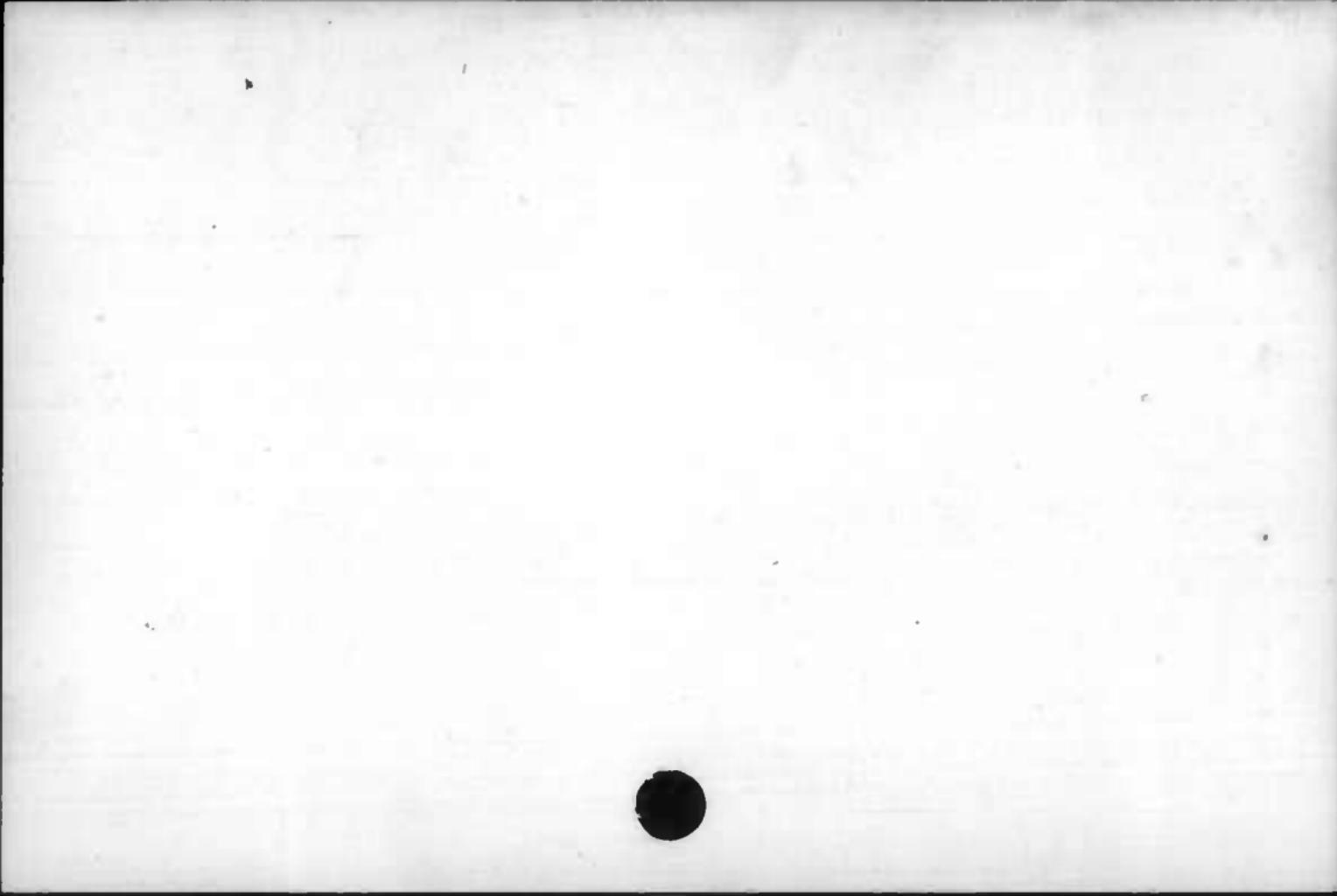
Address

Le Birnie

Laney town

Ma

Accident or Suicide?



Name
in
Full

Milton K Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Gamber	Carroll				
Date of death	1909 Nov	Month	Day	Years	Months	Days
			26	Age 30	8	15
Sex	Female	Color or Race	White	Birth-place	Meadowbranch	
Occupation	at Place of Death					
Married, Single or Widowed	Single	Name of Wife or Husband	X			
Father's Name	Wm K Haines			Father's Birthplace	Doubt know	
Mother's Maiden Name	Rebecca A Hampfer			Mother's Birthplace	Doubt know	
Name of person giving Information	Wm Bush			How related to deceased	Not Related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

Immediate

Doubt know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. F. Wells

Gamber

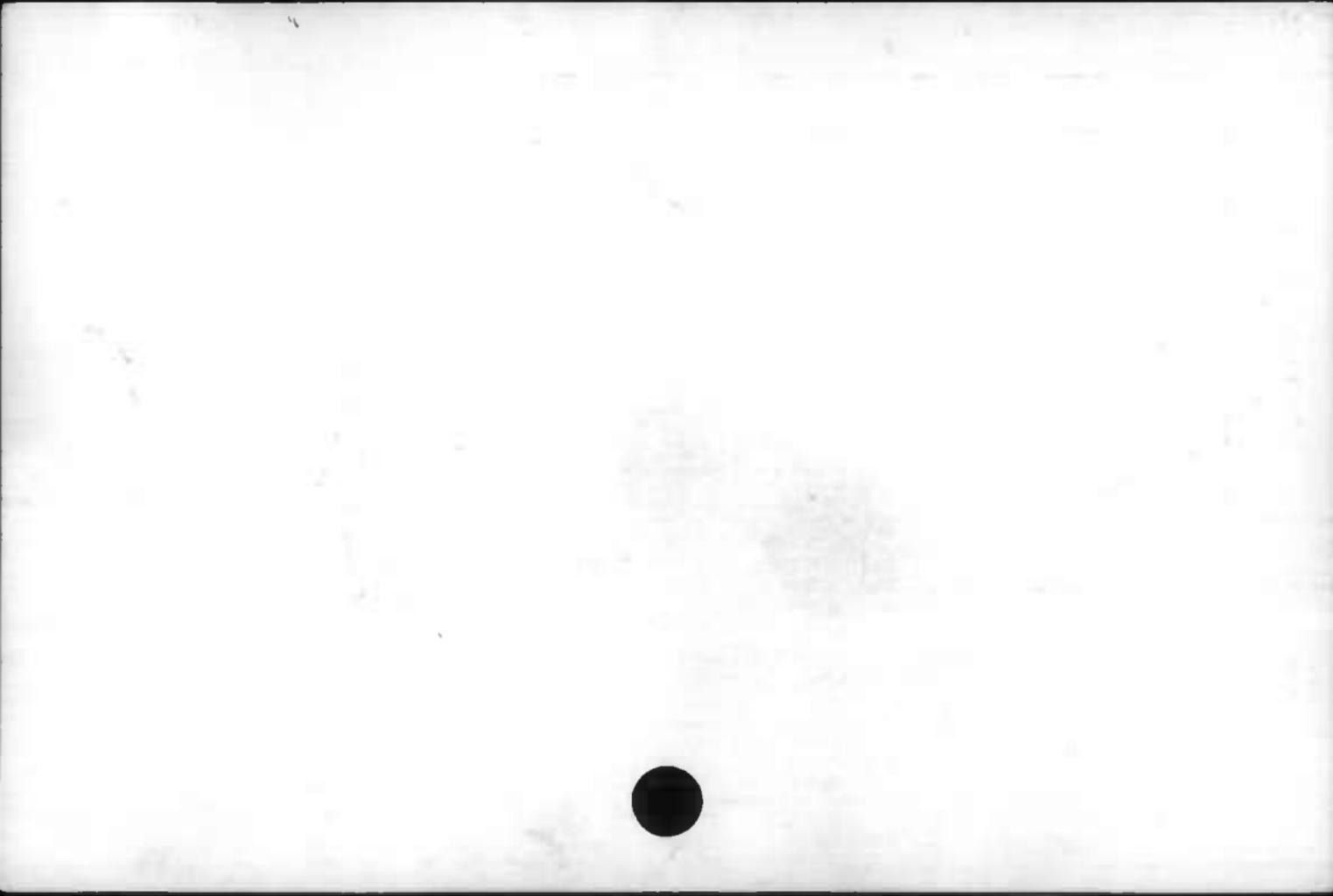
Accident or Suicide

27

How long

9 months

How long



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

				CERTIFICATE OF DEATH			
Died		Town	County	Maryland			
near		Butting	Carroll	MARYLAND			
Date of death	1909	Month	Day	Years	Months	Days	
		Nov.	12	Age	24		
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	Salvation Army			Where Residing if not at place of death	916 Eighth St Baltimore		

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name Charles Heath

Mother's Maiden Name Mary Wiener

Name of person giving
Information *Charles Hanth*

Father's Birthplace *Philadephia*

Mother's Birth place *Balti*

How related
to deceased

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

Immediate *asthenes*

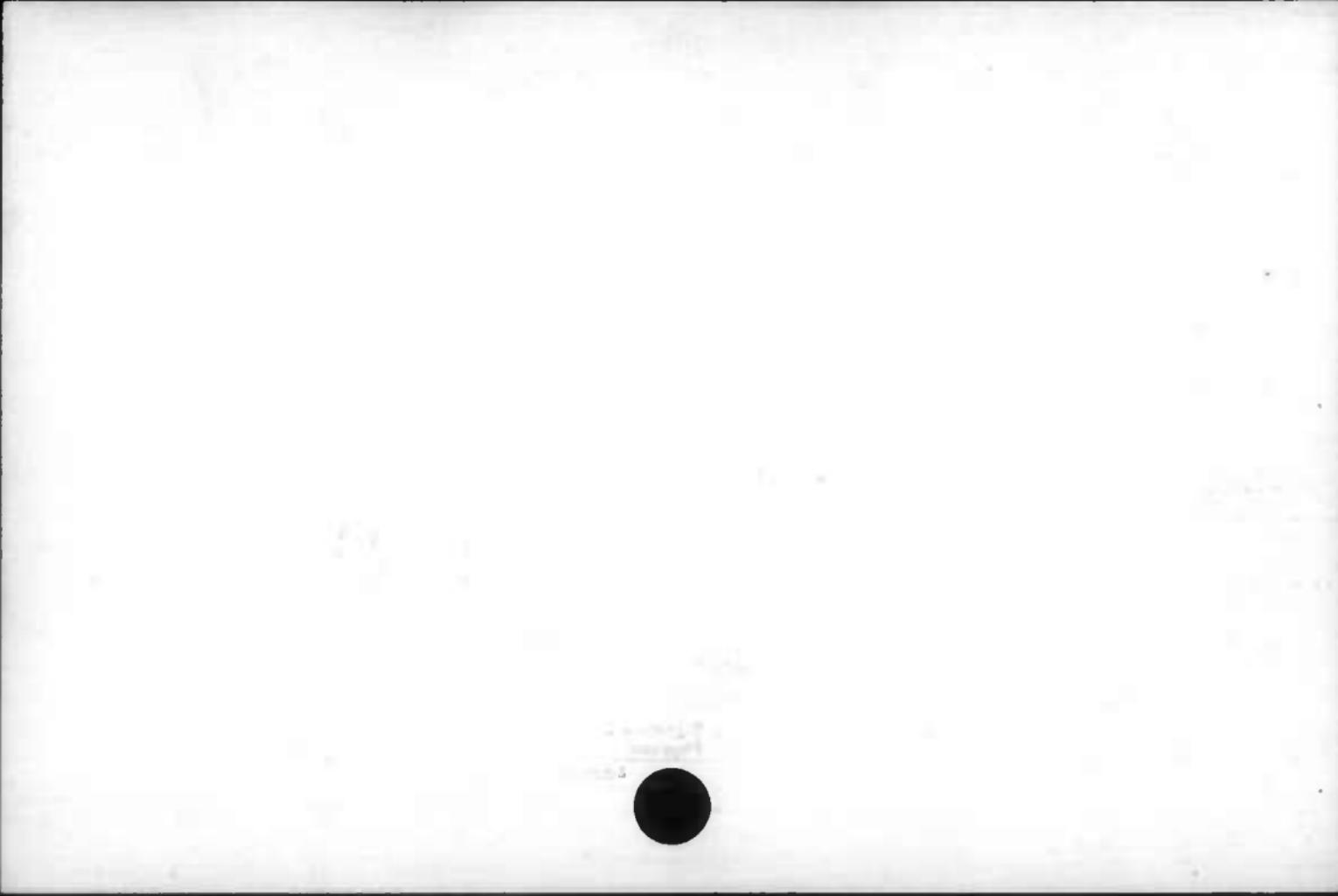
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Mr. E. H. Moore
Montgomery

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ann Harris ✓

CERTIFICATE OF DEATH

Died at Bark Hill

Town

County

MARYLAND

Date of death 1909

Month

Day

Years

Age

69

Months

11

Days

28

Sex Female

Color or Race

White

Birth-place

Bark Hill

Occupation

Housewife

Where Residing if not
at place of death

Bark Hill

Married, Single
or Widowed

Married

Name of Wife or
Husband

Abraham Harris

Father's
Name

Isaac Rowe

Father's
Birthplace

Md

Mother's
Maiden Name

Nancy Wilson

Mother's
Birthplace

Md

Name of person giving
Information

Effie Harris

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Bacillioma of Breast

How long

2 years

Immediate

Asphyxia

How long

2 wks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

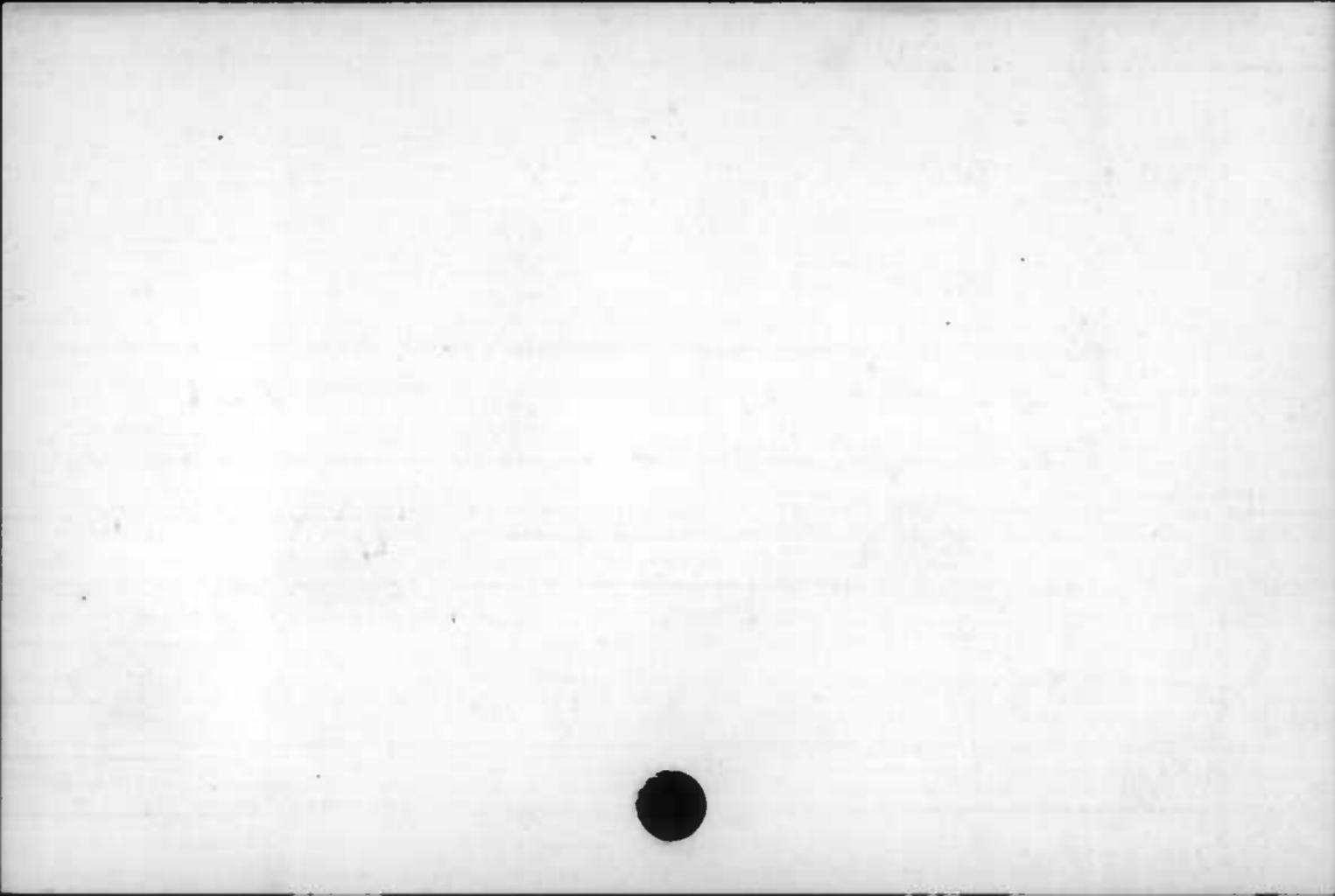
Signature of
Physician

Address

Leister Stump
Hamilton Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mrs Margaret R. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Month	Days
1909	Nov.	19	74	1	25
Sex	Female	Color of Race	White	Birth-place	Fredricks L. o.
Occupation	General house work			Where Residing if not et place of death	
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Harrison	Father's Birthplace	Fredricks L. o.
Father's Name	Aaron Gosnell			Mother's Birthplace	Woodbriss
Mother's Maiden Name	Elizabeth Gillis			How related to deceased	Daughter
Name of person giving Information	Mrs Perry F. L. Biamy			How long	20 yrs.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis
Senual debility

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide

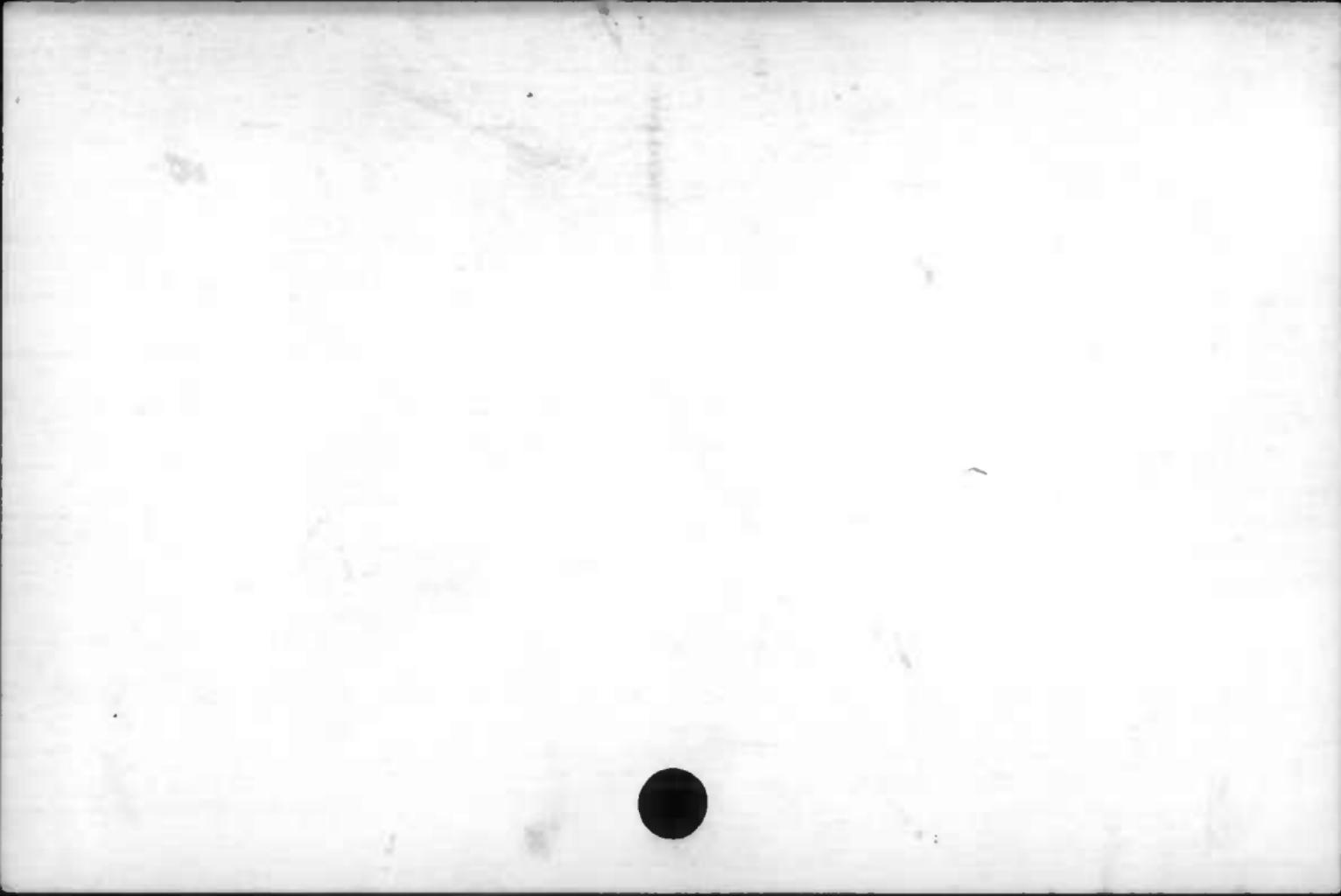
27

How long

6 months

How long

E D Brock
Wauifield
Carroll Co.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis L Hering

Town

County

Died at

Franksburg.

Carroll

MARYLAND

Month

Day

Years

Months

Days

Date
of death

1909

Nov

16

Age

24

9

12

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Waller

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amanda Allgire

Father's
Name

Daniel Hering

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret Orr

Mother's
Birthplace

Le

Name of person giving
Information

Amanda Hering

How related
to deceased

Wife

CAUSES OF DEATH

Tuberculosis
Exhaustion

27

How long

about 2 yrs

How long

2 weeks

Signature of
Physician

Address

PHYSICIAN
OR CORONER

Primary

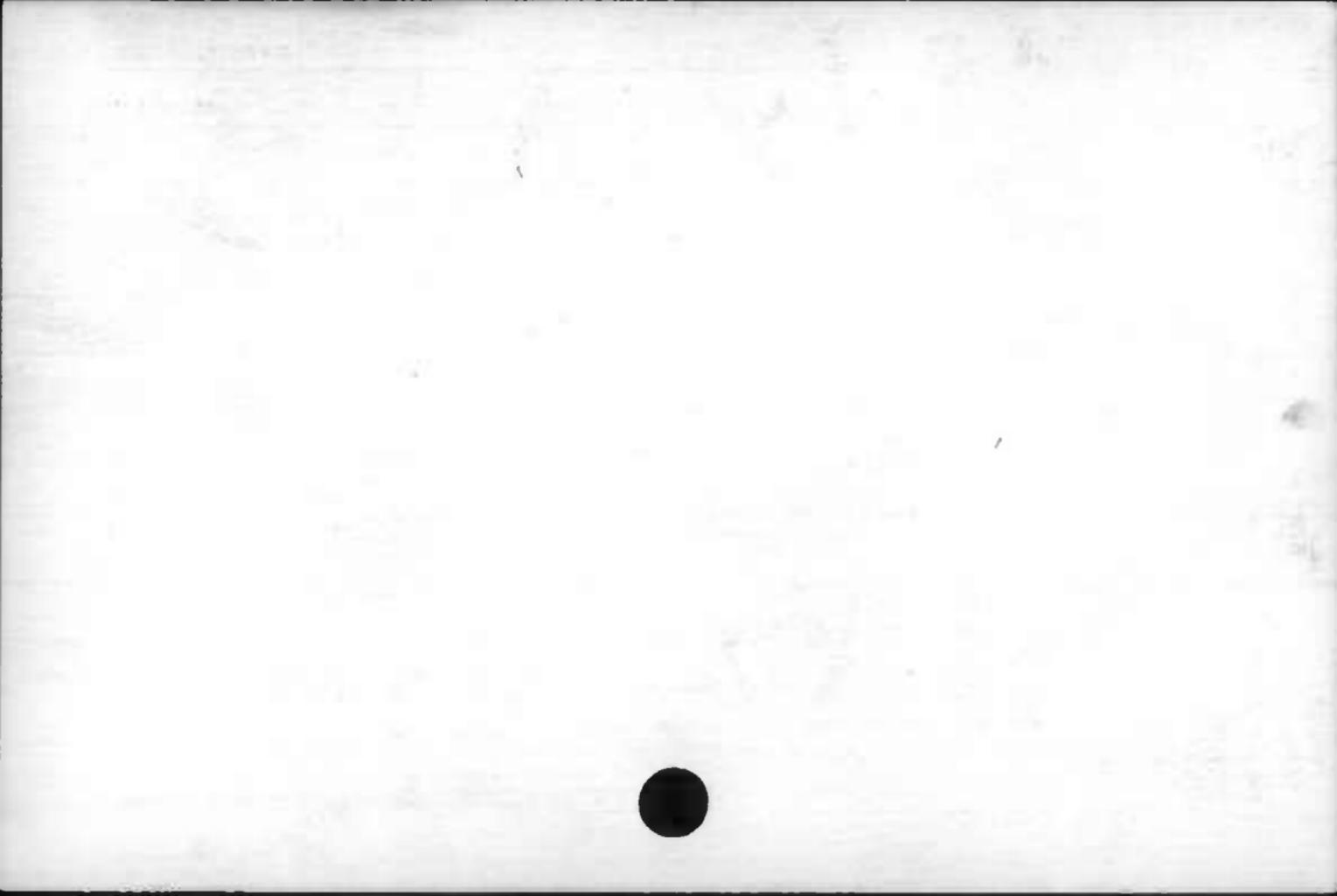
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Ys

Chas R. York
Wetmore
Md.

Accident or Suicide



Name
in
Full

Andrew J. Houck

CERTIFICATE OF DEATH

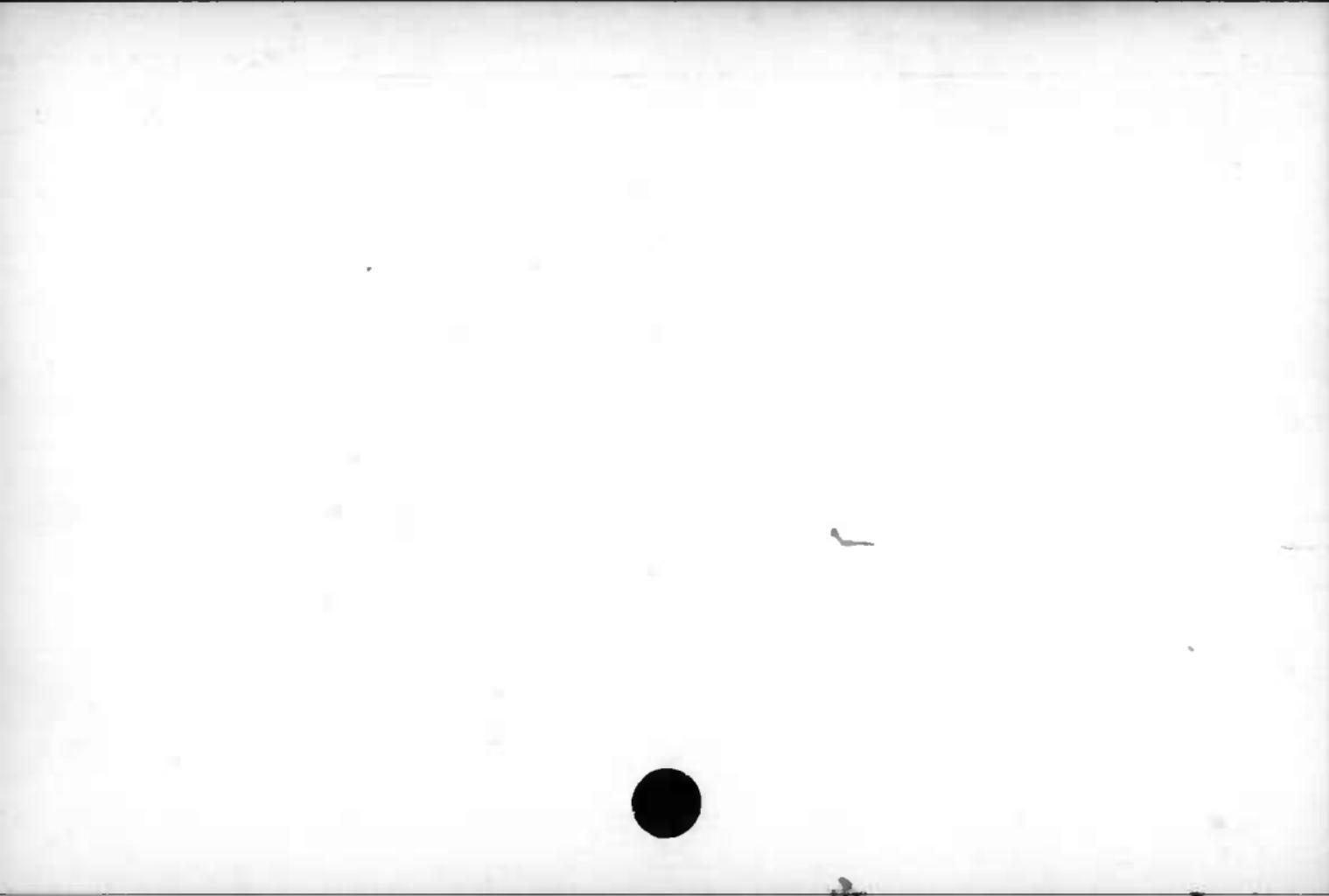
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Hampstead			Carroll				
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Age	65	"	12
Occupation	Notary Public	Where Residing if not at place of death			Carroll Co		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Houck				
Father's Name	David W Houck				Carroll Co		
Mother's Maiden Name	Rachel Algire						
Name of person giving Information	Sarah Houck						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Chronic Brights	How long	120
Immediate	General Debility	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J H Preston MD
		Address	Hampstead Md.
J		Accident or Suicide	



Name
in
Full

David F Kephart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Taneytown</u>		<u>County</u> <u>Carroll</u>		<u>MARYLAND</u>		
Date of death	<u>1909 Nov</u>	Month <u>Nov</u>	Day <u>21</u>	Age <u>69</u>	Years <u>69</u>	Months <u>9</u>
Sex Occupation	<u>Male</u> <u>Farmer</u>	Color or Race	<u>White</u>	Birth- place <u>Carroll Co Ind</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	Where Residing if not at place of death <u>Sophia Kephart</u>			
Father's Name	<u>David Kephart</u>		Father's Birthplace <u>Carroll Co Ind</u>			
Mother's Maiden Name	<u>Susan Tegun</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving Information	<u>Charles Kephart</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grip + sequelae

10

How long

274

Immediate

unknown

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

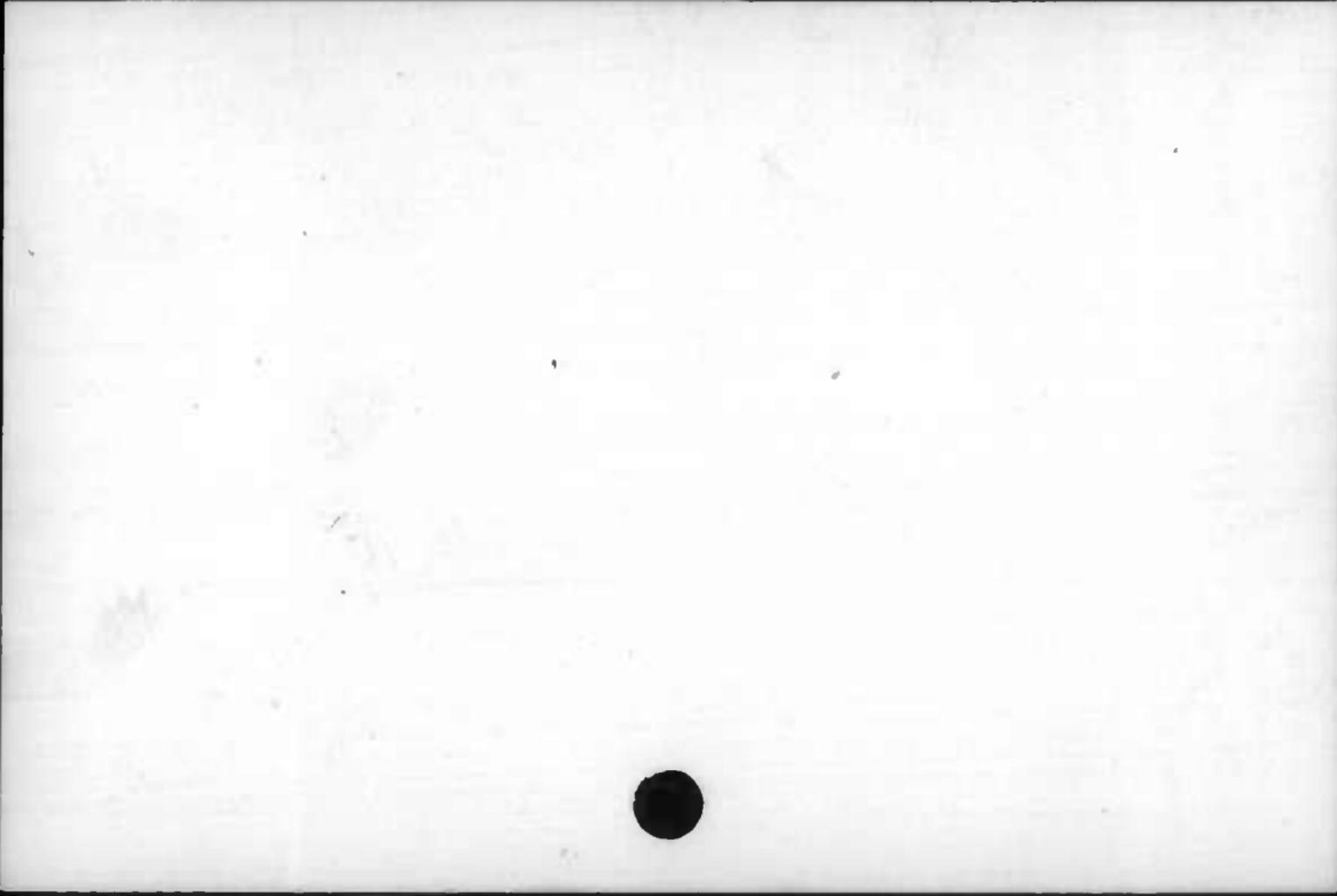
Signature of
Physician

Address

Dr. Bonine

Taneytown
MD

Accident or Suicide?



Name
in
Full

Befva. A. Goons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Detour	Carroll
Date of death 1909 Nov.	Month 11 Day 16 Year
Sex Female	Color or Race white
Occupation	Where Residing if not at place of death
Married, Single or Widowed Single	Name of Wife or Husband
Father's Name Peter D. Goons	Father's Birthplace Middleburg, Md.
Mother's Maiden Name Alice P. Birely	Mother's Birthplace Ladiisburg.
Name of person giving Information P. D. Goons	How related to deceased Father

CAUSES OF DEATH

63

Primary Epileptic Spasms - Cause Myselitis

Immediate Convulsions

How long

15 yrs. 6 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

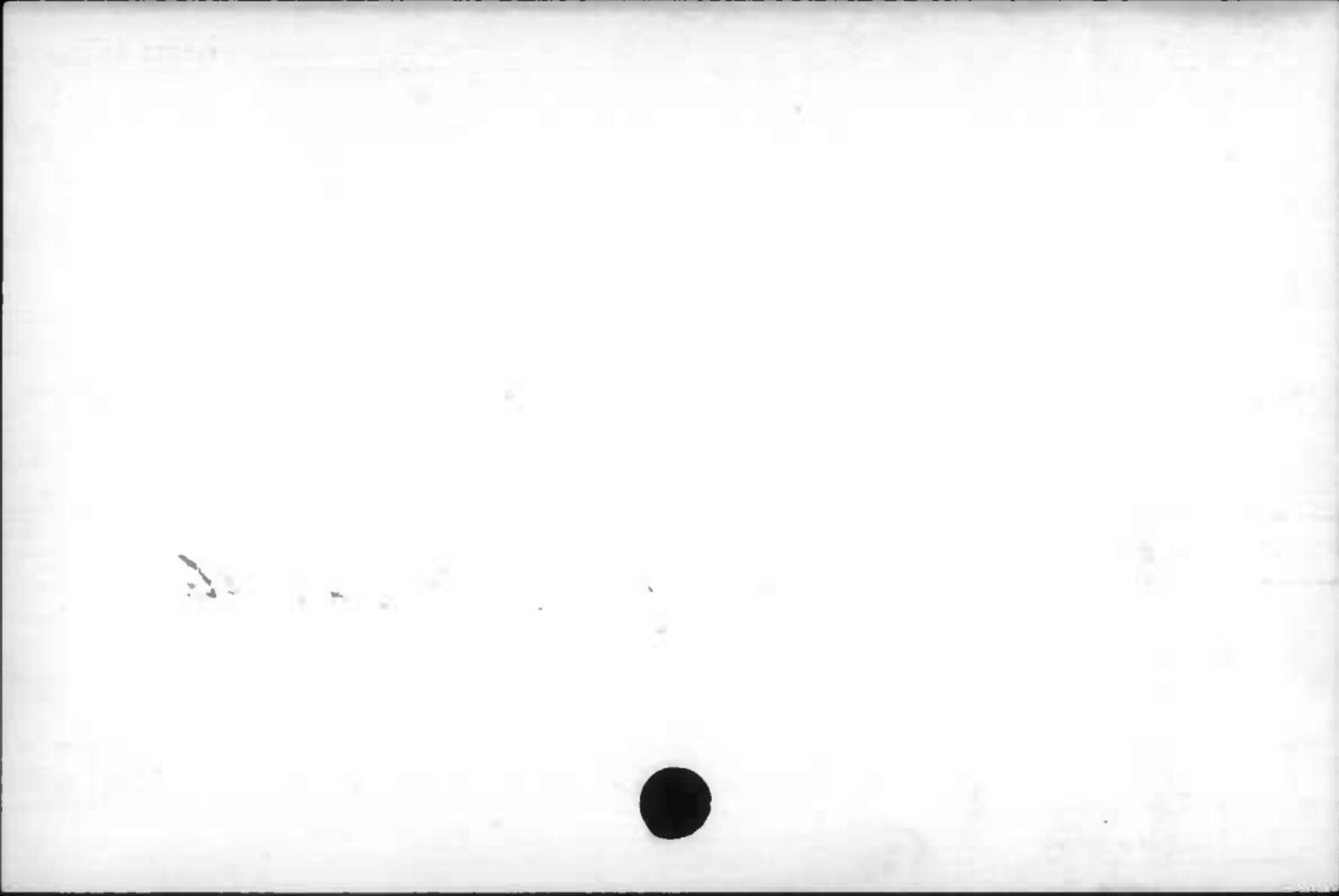
Chas. H. Miller.

Detour.
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

Mary Idella
Westminster

Lease

536

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Month

Days

1909 Nov

5

23

9

24

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Edward Lease

Father's
Name

James. W. Hahn

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Elizabeth Hilbert

Mother's
Birthplace

Maryland

Name of person giving
Information

James. W. Hahn

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Cu[m]monary Tuberculosis

27

How long

1 1/2 years

Immediate

Stomach

How long

1/3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. Woodward

Address

Westminster
Md

PHYSICIAN
OR CORONER

Accident or Suicide



St John's & Leister's cemetery
Stoners

Name
in
Full

538

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Henry Long

Town

Westminster

County

Carroll

MARYLAND

Died at
Date
of death 1909

Month

Day

Years

Age

51

Months

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Nurse Painter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Gertrude Bauckard

Father's
Name

Abraham. Long

Father's
Birthplace

Maryland

Mother's
Maiden Name

Anna R Lantz

Mother's
Birthplace

do

Name of person giving
Information

Gertrude Long

How related
to deceased

Wife

CAUSES OF DEATH

63

How long

Primary

Lateral Sclerosis

10 month

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John J. Stewart
Westminster Ind

PHYSICIAN
OR CORONER

Accident or Suicide

Widens

Shaw

Name
in
Full

Samuel K. Market

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Limeboro	Carroll	Months	Days
Date of death	Month	Day	Age	Years
1909	Nov	25	70	.
Sex	Male	Color or Race	White	
Occupation	Hotel Proprietor		Where Residing if not at place of death	Limeboro Md.
Married, Single Widowed	Name of Wife or Husband	Lydia N. Market		
Father's Name	Henry Market		Father's Birthplace	Shrewsbury Pa.
Mother's Maiden Name	Catherine Kunkle		Mother's Birthplace	Shrewsbury Pa.
Name of person giving information	Lydia N Market		How related to deceased	wife

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer with Ulcer of Stomach

How long

two Years

Immediate

Hematemesis

How long

4 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

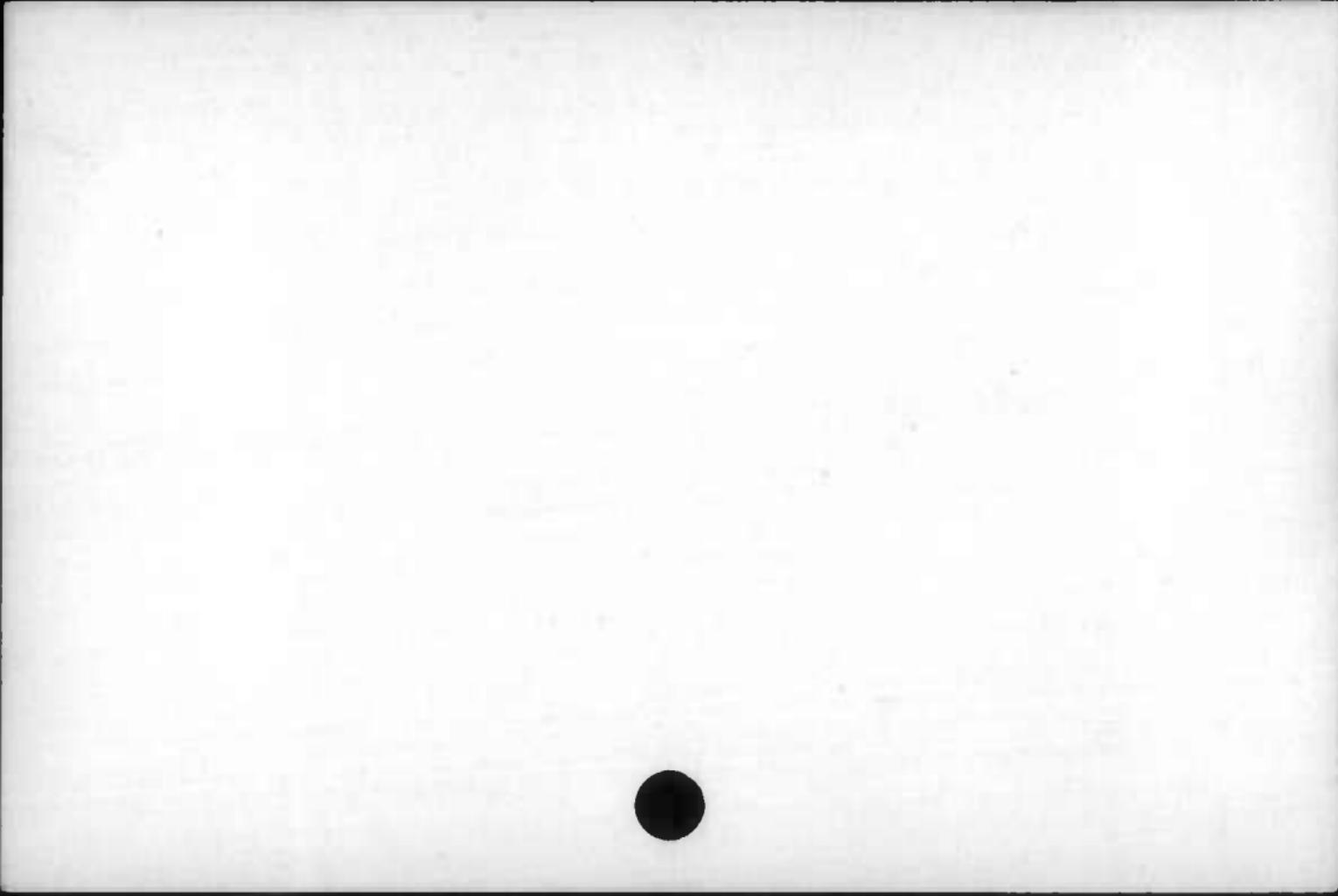
Signature of Physician

Address

T. Howard Worrell M.D.

Limeboro. Md.

Accident or Suicide?



Arnold Matthias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Lyons</u>		Town <u>District</u>	County <u>Carroll</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>October</u>	Day <u>11</u>	Years <u>88</u>	Months <u>4</u>	Days <u>6</u>	
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Pennsylvania</u>	
Occupation <u>Name</u>	Where Residing if not at place of death <u>at home</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Edward Matthias</u>				Father's Birthplace <u>Uman</u>	
Father's Name <u>Daniel Buerengardner</u>				Mother's Birthplace <u>Pennsylvania</u>		
Mother's Maiden Name <u>Magnet Haritor</u>				Name of person giving information <u>Edward Charles Matthias</u>	How related to deceased <u>Son</u>	

CAUSES OF DEATH

93

Primary <u>Senile Pneumonia</u>	How long <u>Two weeks</u>
---------------------------------	---------------------------

Immediate <u>Name</u>	How long <u>.</u>
-----------------------	-------------------

Are the name, age, sex, color, date and place correctly given above?

Yes

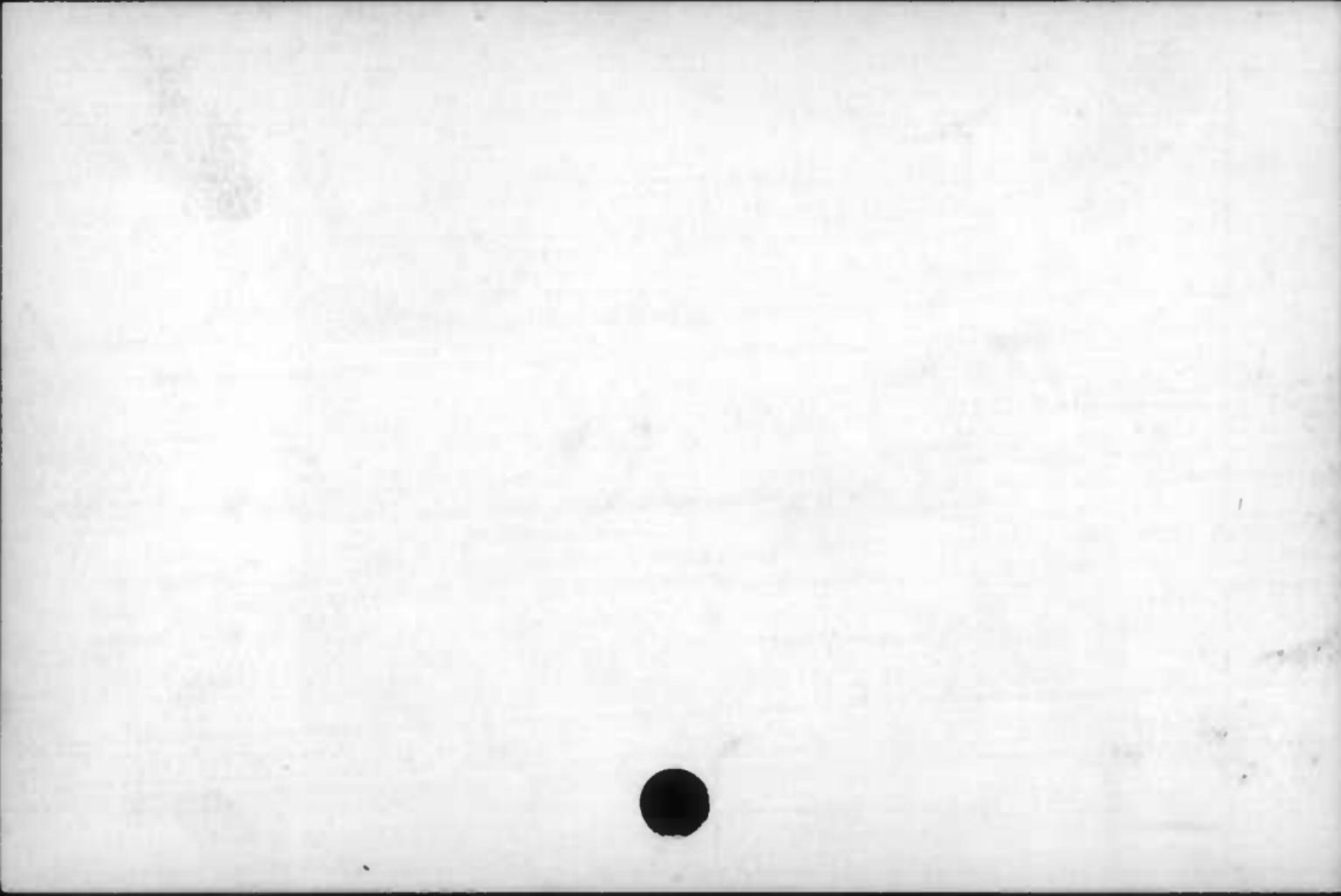
Signature of Physician

H.S. Couse

Address

Settlesboro

Accident or Suicide? ✓



Name
in
Full

Mary Magdalene Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millers' Mol</u>		Month <u>Nov</u>	Day <u>11</u>	Years <u>92</u>	Month <u>5</u>	Days <u>13</u>
Sex <u>Woman</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>Millers</u>				
Occupation <u>Retired</u>	Name of Wife or Husband <u>Mary magdalene Miller</u>					
Married, Single <u>Widowed</u>	Yes	Father's Name <u>York</u>				
Father's Name <u>John Bricker</u>	Mother's Name <u>Pa</u>					
Mother's Maiden Name <u>Warner</u>	How related to deceased <u>Son-in-law</u>					
Name of person giving Information <u>David Le Brown</u>						

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Immediate

64

How long

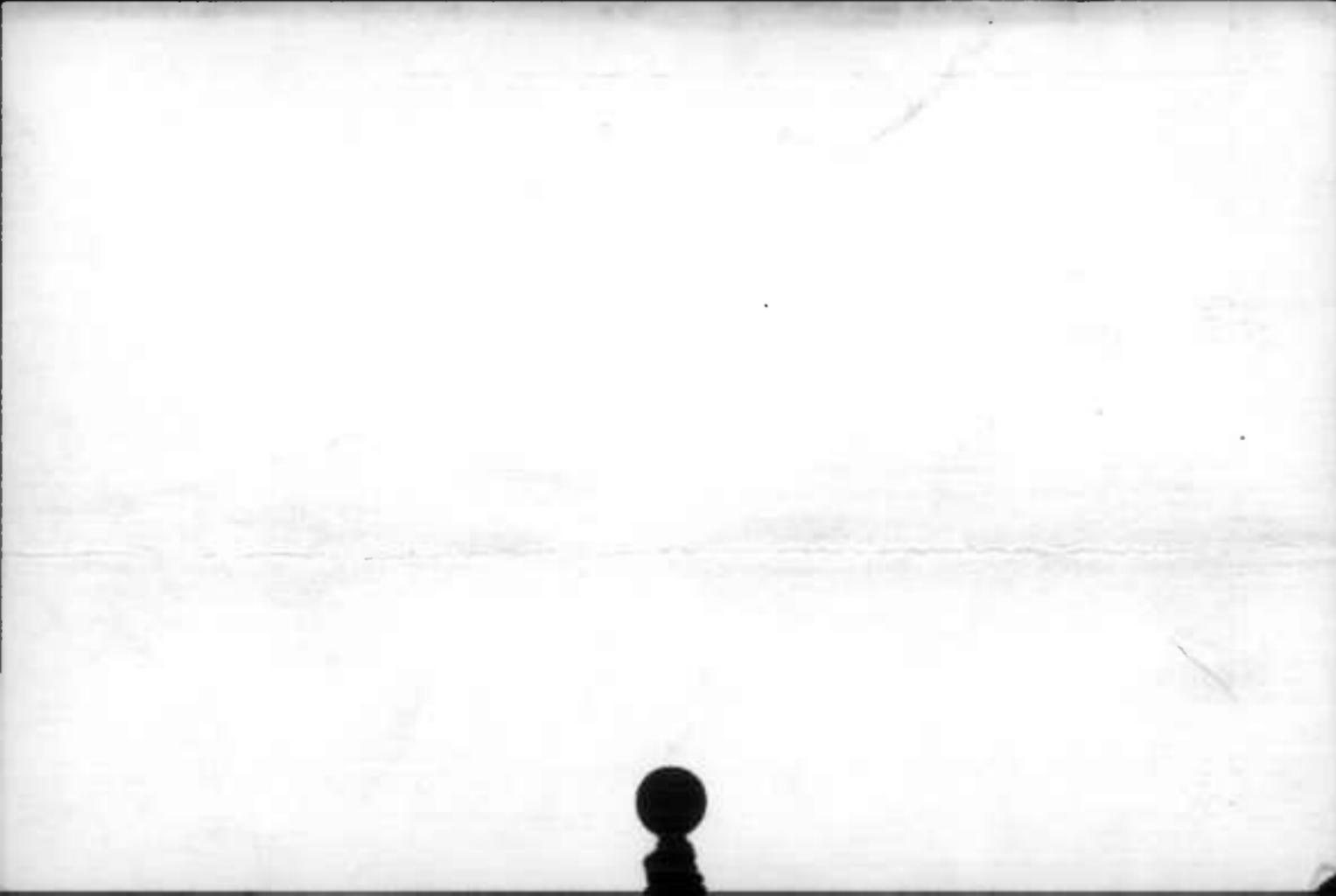
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Moses Miller
Town: Near Sykesville Carroll
County:

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Near Sykesville Carroll			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Nov	23	80	10	—
Sex	Male	Color or Race	African	Birth-place	W. Virginia
Occupation	Laborer				
Where Residing if not at place of death	At place of death				
Married, Single or Widowed	Widower		Name of Wife or Husband	Emma Miller	
Father's Name	Frank Miller?				
Mother's Maiden Name	Daisy Know				
Name of person giving information	Stephen Miller				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

79

How long

About 2 mos

Immediate

Effects of same

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Yes

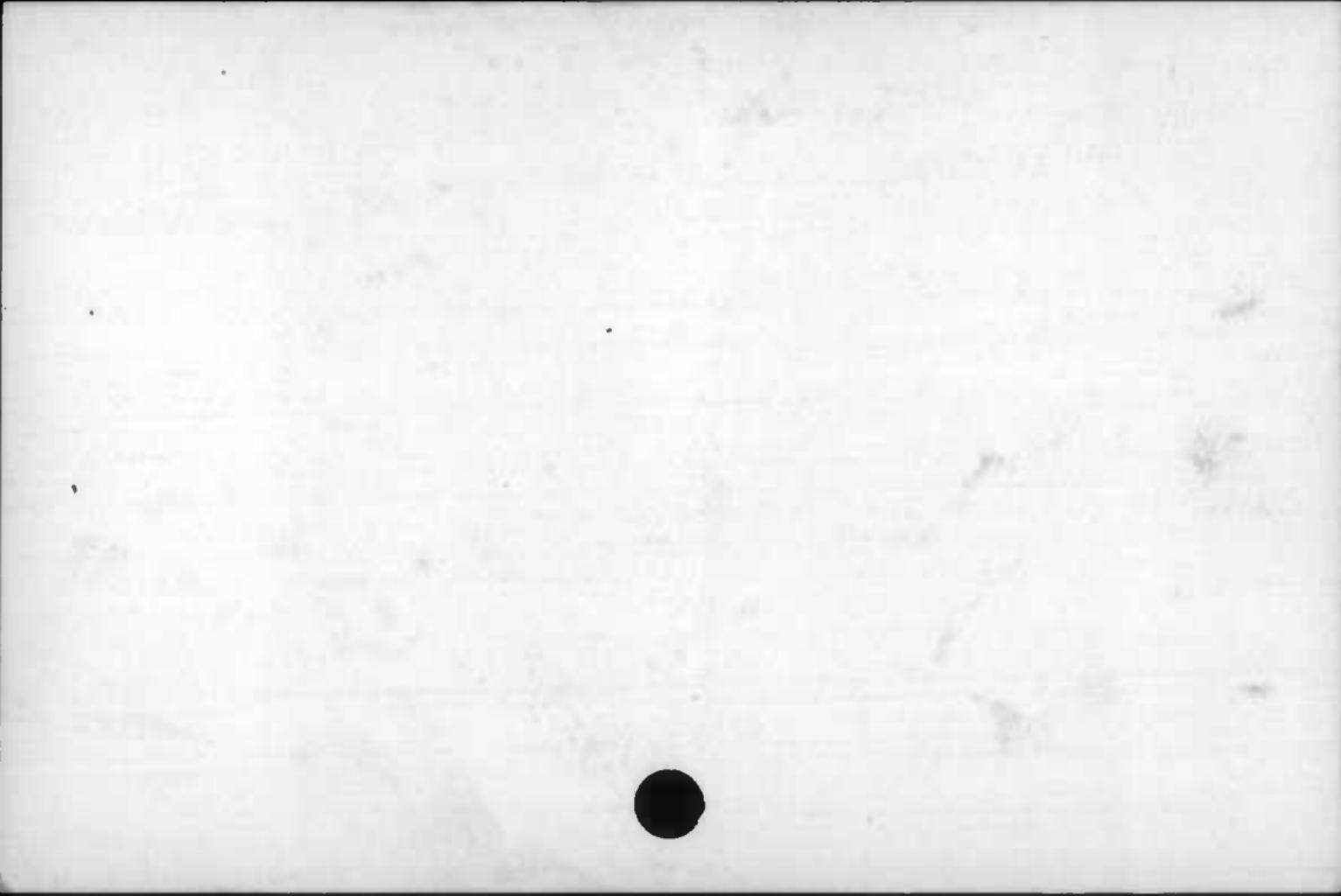
Signature of Physician

Address

Dr. Jefferson
Sykesville, Md.

Accident or Suicide?

No



Name
in
Full

Milton H. Reindollar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

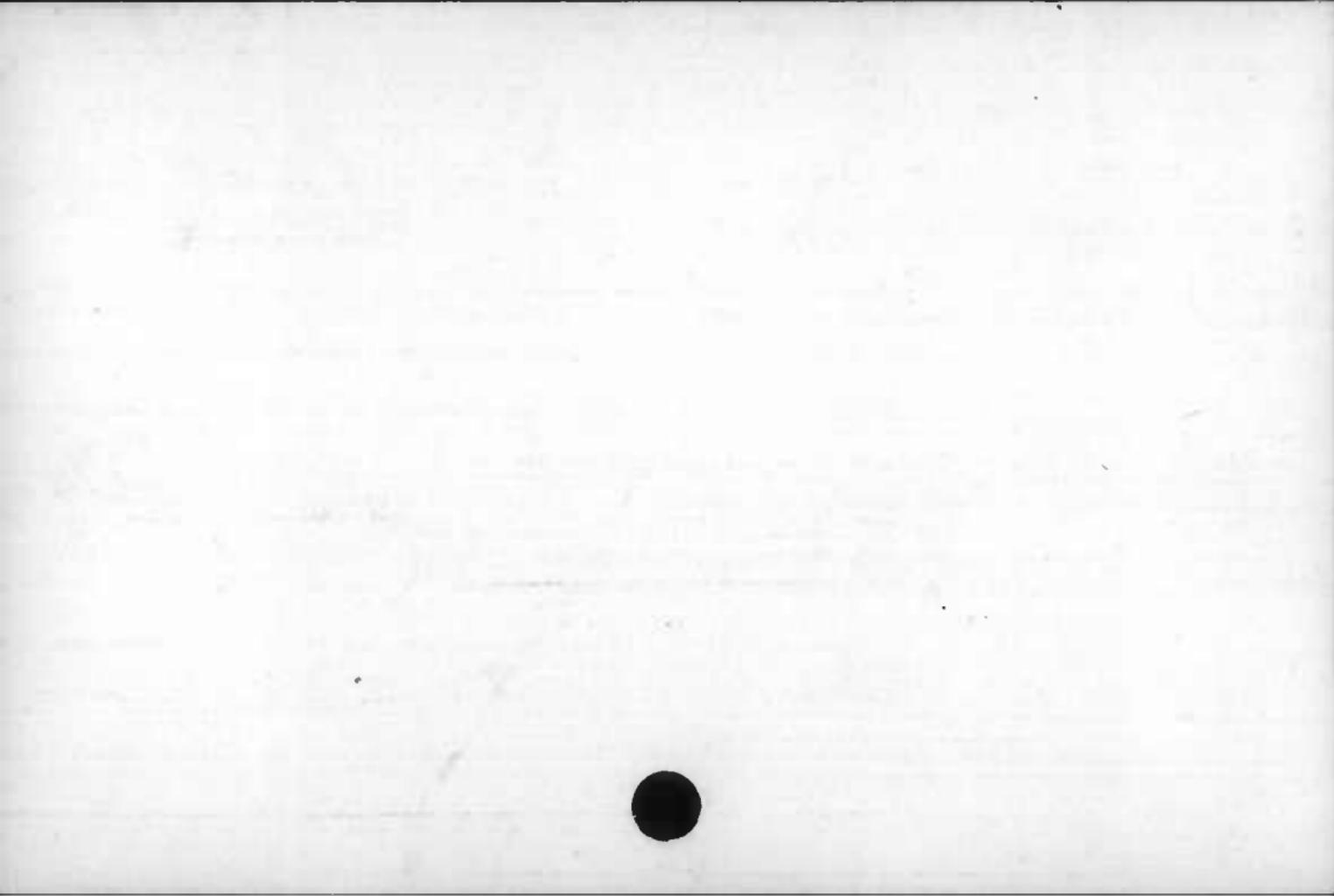
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Male	Color or Race	60	8	5
Occupation	Where Residing If not at place of death				
Married, <input checked="" type="checkbox"/> Widowed	Married	Name of Wife or Husband	Laura Reindollar		
Father's Name	Henry Reindollar				
Mother's Maiden Name	Mary Buffington				
Name of person giving Information	Laura Reindollar				

CAUSES OF DEATH

Primary	Angina Pectoris	
Immediate	Paroxysm of Angina Pectoris with Organic Cardiac Paralysis	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Chandor M. Bunner M.D. Paneytown Md.	

80
How long

3 days
How long
instant death



Name
in
Full

George W. Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Manchester		Carroll				
Date of death	Month	Day	Years		Months	Days	
1909	November	26	Age 28		11	24	
Sex	Male	Color or Race	white	Birth place	Manchester		
Occupation	Cigar Worker					Where Residing if not at place of death	Manchester
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Dierch				
Father's Name	John Riley					Father's Birthplace	Carroll County
Mother's Maiden Name	Mary Krebs					Mother's Birthplace	York "
Name of person giving information	Martha Riley					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rhinitis Pulmonaria

27

Immediate Anemia

3 years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Jos. A. Bonnett M.D.

Address

Manchester

Accident or Suicide?

Md

Name
in
Full

537

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Jane Robertson

Died at ^{Town} Westminister

County

Carroll

MARYLAND

Date ^{Month} of death 1909 Nov

Day 6

Years

Age 20

Months

1

Days

10

Sex Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Telephone Operator

Where Residing if not
place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Jesse C Robertson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elyia J Buckingham

Mother's
Birthplace

Name of person giving
Information

Jesse C Robertson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. M. Sullivan
Westminister Md

Address

Accident or Suicide?

Stone Chapel
Shard

Name
in
Full

John Wesley Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Berritt		Carroll				
Date of death	1909	Month Nov.	Day 18	Age 76	Months 3	Days 27
Sex	Male	Color or Race	white	Birth-place	Carroll Co.	
Occupation	Farmer		Where Residing if not at place of death	at place of death		
Married, Single or Widowed	widowed	Name of Wife or Husband	Elijah Ann Shipley			
Father's Name	Eli Shipley		Father's Birthplace	Carroll Co. Md.		
Mother's Maiden Name	Ursula Carr	Mother's Birthplace	Carroll Co. Md.			
Name of person giving Information	Matthew Shipley		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intercranial Tumor

74

How long

3 yrs.

Immediate

Nerve Degeneration

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

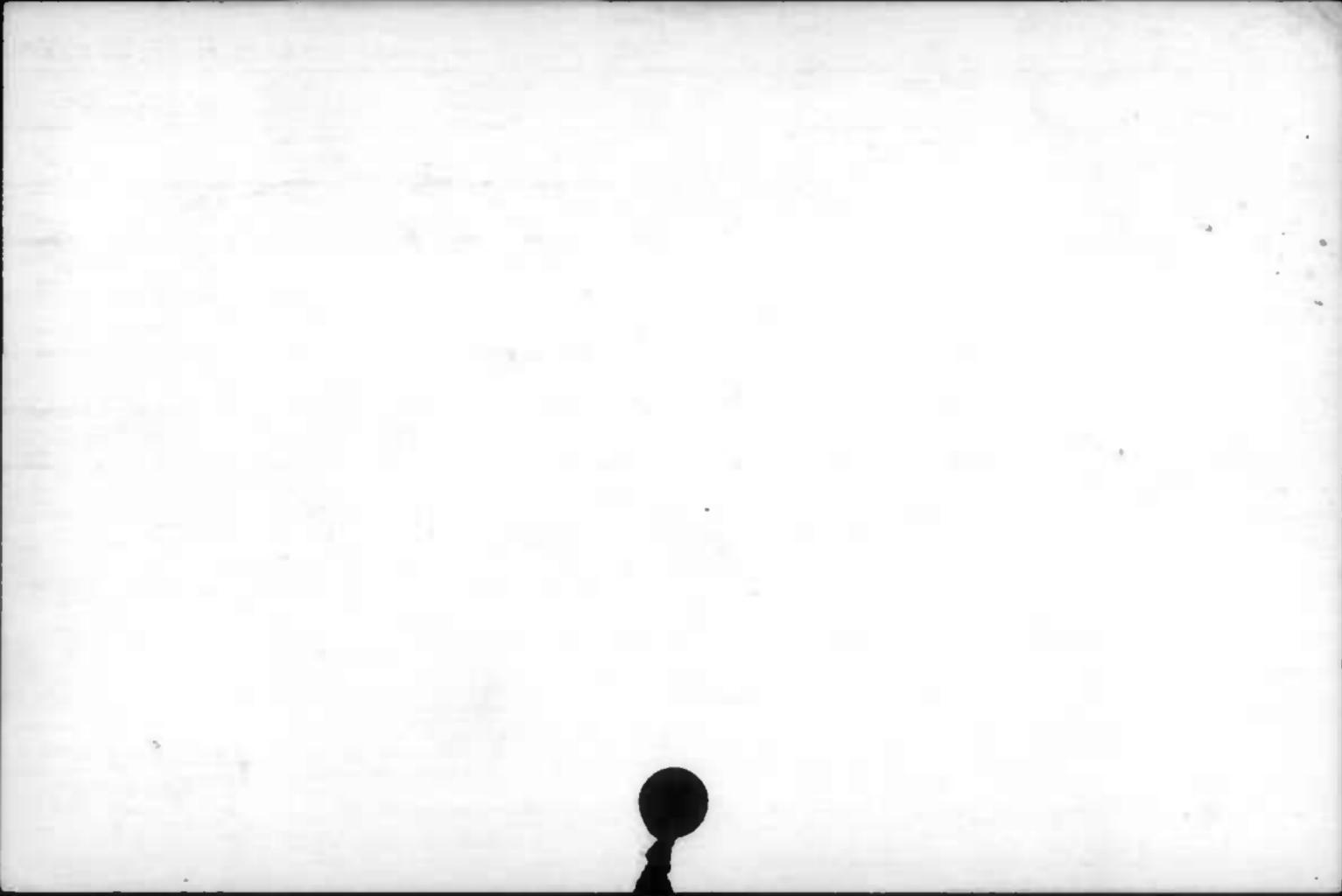
Signature of Physician

Address

E. D. Crout

Winfield
Carroll Co.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gamber Md Carroll Town Snowden County MARYLAND
Date of death 1909 Month Nov. Day 6 Years 0 Months 0 Days 0
Sex Female Color or Race Black Birth-place Gamber.
Occupation Where Reiding if not
Married, Single or Widowed Name of Wife or Husband Tysone Snowden
Father's Name Tysone Snowden Father's Birthplace Finksburg
Mother's Maiden Name Mary Trumwirth Mother's Birthplace Roxburytown
Name of person giving Information Tysone Snowden How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary unknown
Immediate unknown
Are the name, age, sex, color, date
and place correctly given above? yes

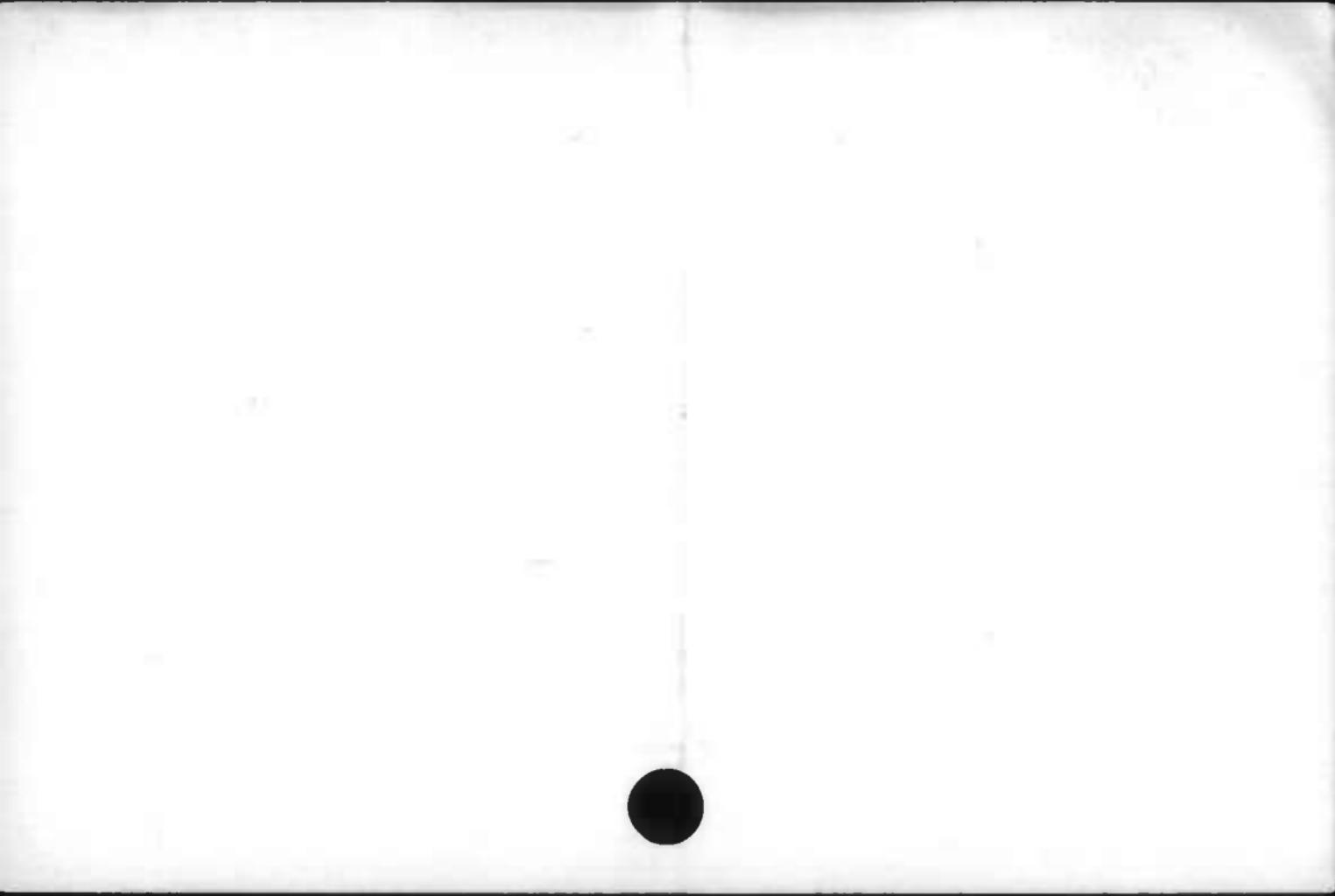
Signature of Physician

Address

Mr Batt
Wilmington Md

Accident or Suicide





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine Sprossel-

Town County

Died at

Mount airy, Carroll -

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Nov

5

Age 46 -

Sex

female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Unknown

Where Residing if not
at place of death

Mount airy

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Justus Sprossel

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

Mary E Elizabeth

How related
to deceased

Sister-in-Law

CAUSES OF DEATH

27

How long

Primary

Pulerculosis

How long

Immediate

yes

Frank J Lewis
Mount airy Md
Coronel

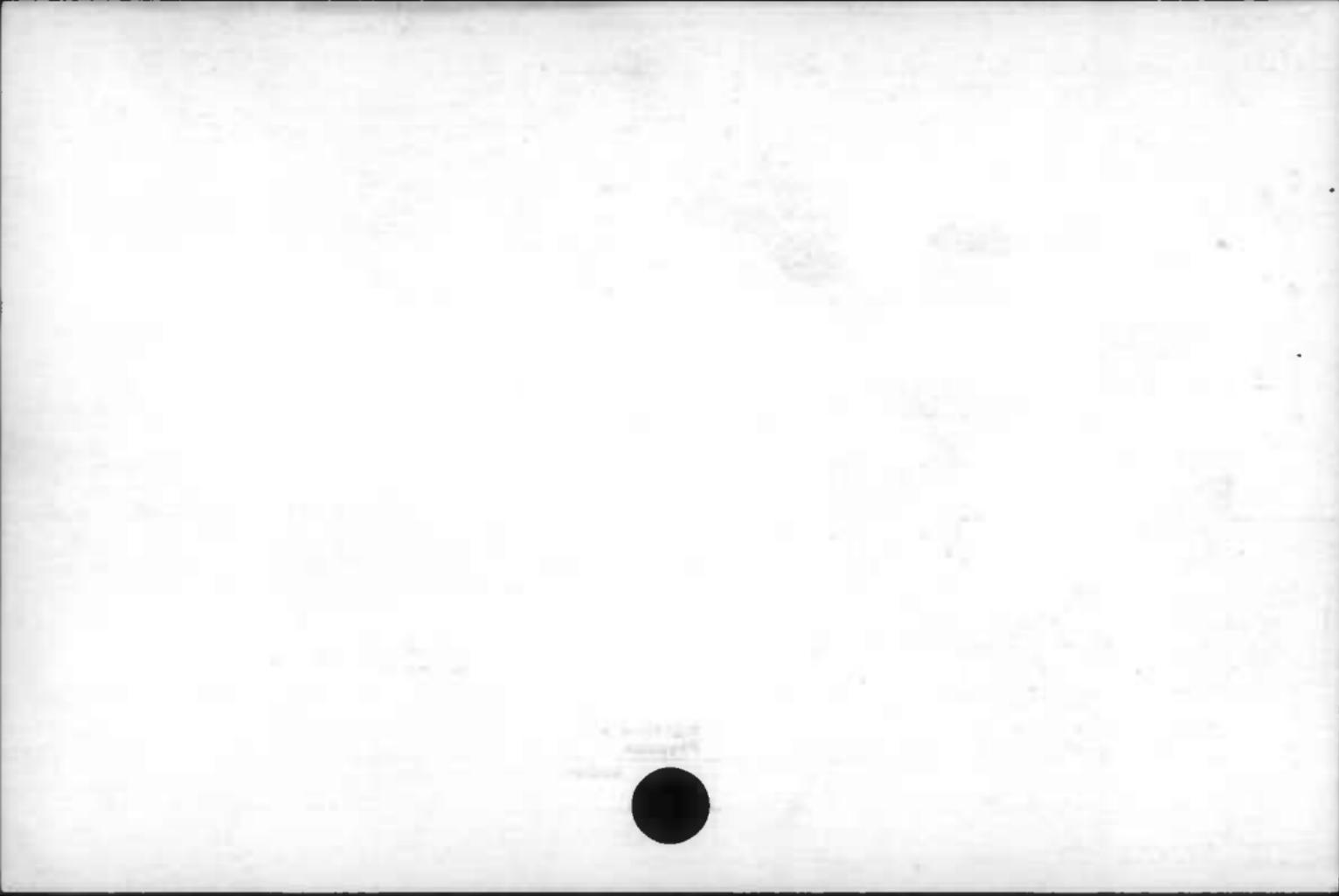
Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Warfield

Town

Near Otter Dale

County

Carroll

CERTIFICATE OF DEATH

MARYLAND

Died

Date

of death

1909

Month

Nov

Day

5

Years

96

Month

—

Days

—

Age

96

Sex

Female

Color or
Race

Negro

Birth-
place

Copperville

Occupation

House Maid

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Thaddeus Starr

How related
to deceased

None

CAUSES OF DEATH

Primary

Old age

10

How long

Immediate

Death

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

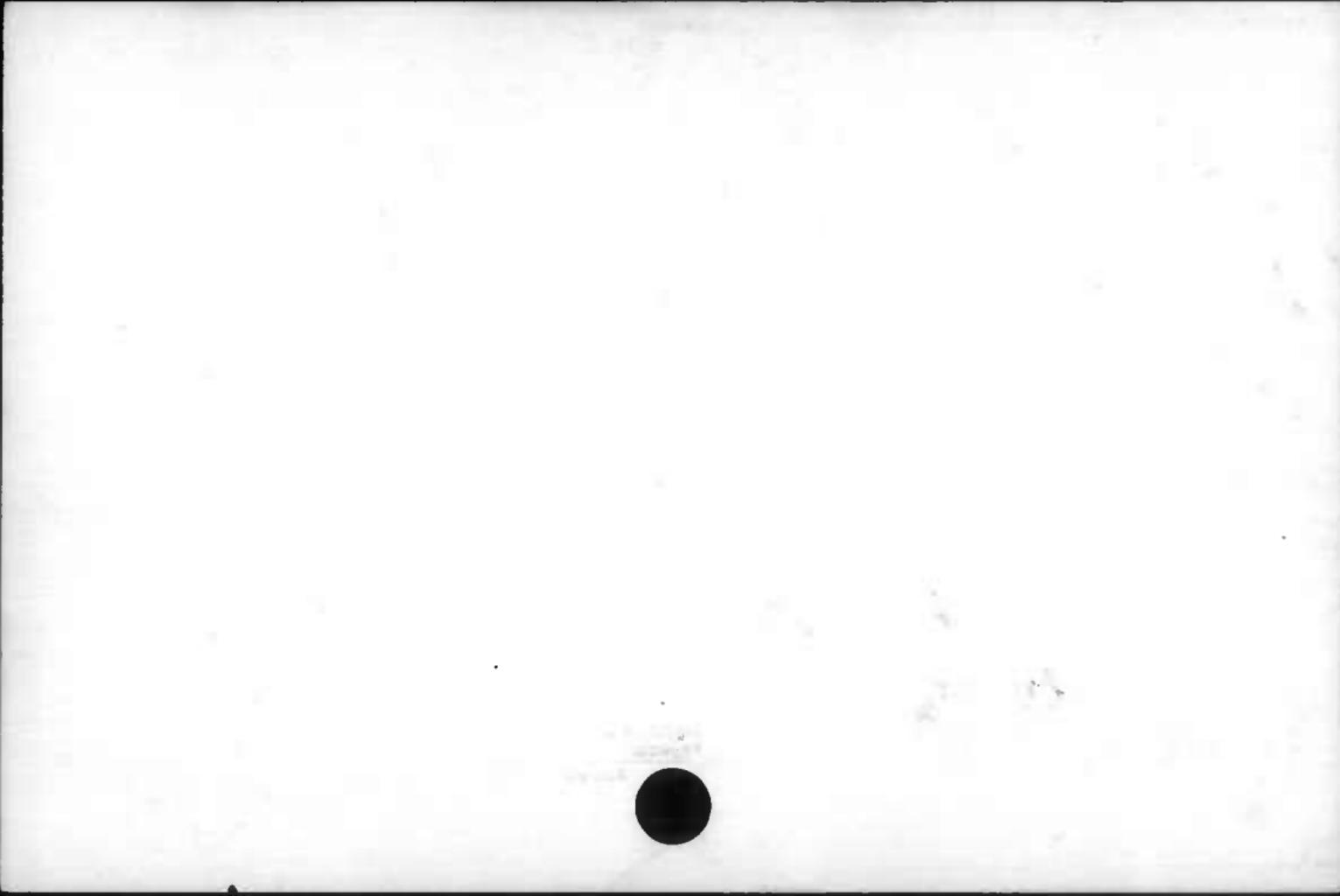
Yes

Signature of
Physician

Address

L. B. Binnion and
Family

Accident or Suicide



Name
in
Full

Joseph Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Union Bridge		Carroll			
Date of death	Month	Day	Years	Months	Days
1909	11	1 st	84	1	—
Sex	Male	Color or Race	white	Birth-place	Carroll Co
Occupation	Contractor		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Adeline	Father's Birthplace	Md
Father's Name	Abraham Wolfe			Mother's Birthplace	Md
Mother's Maiden Name	Sarah Glisson			How related to deceased	Brother
Name of person giving Information	Daniel Wolfe			How long	1 day

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

Immediate

Heart failure

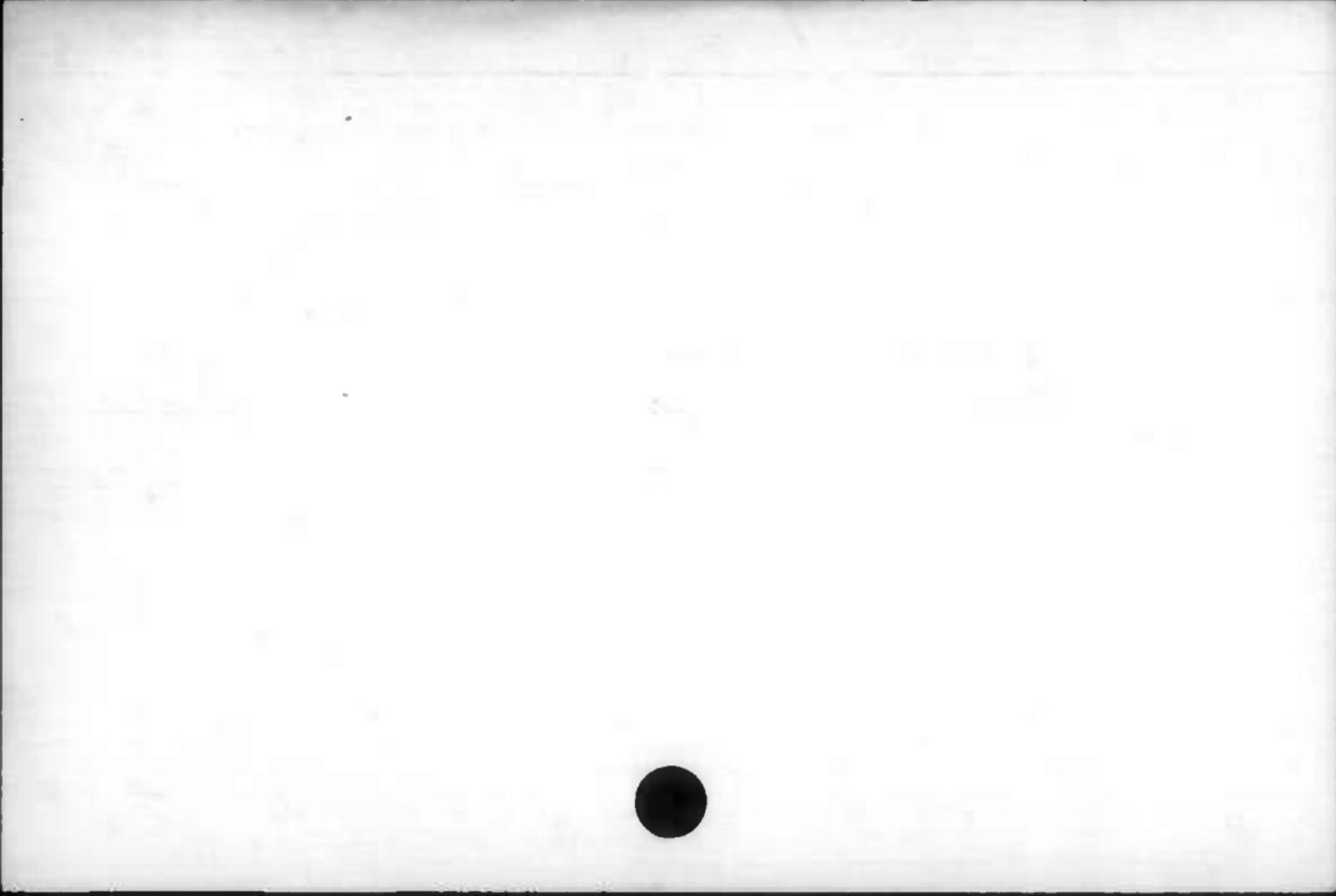
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt
Union Bridge
Md

Accident or Suicide



Name
in
Full

Ieva L. Young
near Wmifield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Female	Color or Race	white		Birth-place	Maryland	
Occupation	Where Residing if not at place of death near Wmifield Md.						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Dora Young	Carroll Co. Md.		Father's Birthplace			
Mother's Maiden Name	Gertrude Atter	Carroll Co. Md.		Mother's Birthplace			
Name of person giving information	Dora Young	How related to deceased		Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth.

151

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. T. Crouse.
Taylorsville Md

Accident or Suicide?

Taylorville.

Name
in
Full

585

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Mary Zahn
Died at Frizzelbury County
Town Carroll
Date of death 1909 Month Nov Day 2 Age 67
Sex Female Color or Recce white
Occupation Housewife

MARYLAND

Months 4 Days 19

Birth-place Germany

Married, Single or Widowed Married Name of Wife or Husband

Where Residing if not
at place of death

Zahn Germany

Father's Name Conrad Nale

Father's Birthplace

Mother's Maiden Name Elouir Knorr

Mother's Birthplace

Name of person giving Information Jacob Zahn

How related to deceased Husband

CAUSES OF DEATH

Primary Congestion of the lungs

95

How long

2 days

Immediate Heart. Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M L Batt 2 days
Westminster
Md

Accident or Suicide

St Benjamin's
Cemetery
Stow

Name
in
Full

Maria Pinson

534
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Town		County		MARYLAND	
Died at Westminster	Town	Carroll	County	MARYLAND	
Date of death 1909	Month Nov	Day 1	Age 83	Months 10	Days 3
Sex Female	Color or Race White	Where Residing if not et place of death		Birth- place Germany	
Occupation House Wife	Name of Wife or Husband Daniel Pinson		Father's Birthplace Germany		
Married, Single or Widowed Widow	Mother's Maiden Name John Bicker		Mother's Birthplace Germany		
Father's Name	Name of person giving Information John D. Pinson		How related to deceased Son		
CAUSES OF DEATH					
Primary Old age	64		How long 84 years		
Immediate Apoplexy			How long 6 days		

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. H. Billingsley
Westminster
Md.

Accident or Suicide? No

Shaver
Deer Park